



ACCESS TO RECOVERY (ATR II)

QUARTERLY GRANTEE PROFILES

DATA REPORTED THROUGH MARCH 31, 2009

REPORT PRODUCED ON MAY 12, 2009

FOR PURPOSE OF INFORMATION EXCHANGE ONLY

Substance Abuse and Mental Health Services Administration,

Center for Substance Abuse Treatment

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Access to Recovery (ATR II) Quarterly Profiles

The Access to Recovery (ATR) profiles contained in this packet present (1) aggregated data from all twenty-four grantees in one page and (2) individual, grantee level data for each State and Tribal Organization.

The profiles provide an evaluative summary of the extent to which the overall program and individual grantees are meeting broad ATR goals and objectives. Goals and objectives pertain to (1) the target number of clients served, (2) the emphasis on recovery support services as an adjunct to clinical treatment, (3) the requirement of ensuring client choice through the inclusion of non-traditional providers such as faith- and community-based organizations, and (4) preliminary treatment outcomes.

The aggregated profile presents data solely from the Services and Accountability Improvement System (SAIS). The individual grantee profiles are based on information that came from a number of documents that were generated between January 1 — March 31, 2009. The sources are:

- **SAIS:** This is the source for all Government Performance and Results Act (GPRA) data which grantees are required to submit to SAMHSA on a quarterly basis.
- **January and February grantee monthly reports:** These voluntary reports are collected on a monthly basis from grantees. Grantees are asked to answer questions relating to fraud, waste, and abuse procedures and incidents, program successes, challenges, and technical assistance needs.
- **Quarterly report covering January-March:** Each grantee submits this mandatory report on a quarterly basis. This report provides information regarding staff updates, provider updates, and status updates on provider monitoring, client information, program successes and challenges, efforts to expand the program, GPRA data collection, and technical assistance needs.
- **Individual client and provider success stories:** CSAT developed a success story template along with an authorization form for release of information. Grantees were asked to solicit success stories from their providers and ensure that the authorization forms were signed by the client. Grantees submitted their success stories along with signed authorization forms to CSAT through March 31, 2009.
- **Technical assistance tracking matrix:** This document tracks the technical assistance that CSAT provides to the ATR grantees and includes information about the date and nature of the request along with the current status of that technical assistance.

SAIS data: The services distribution pie charts in the individual grantee profiles and the number of clients served were collected through March 31, 2009. The services distribution pie charts are based on status and discharge GPRA data in SAIS; the number of clients served are based on the intake data extracted from SAIS.

Note on bar graphs: The bar graphs in the individual grantee profiles compare the client target number with the actual number of clients served. To make the target and actual numbers comparable for a March 31, 2009 date, the target number was prorated.

ATR II: AGGREGATED DATA PROFILE

This data profile describes how the Access to Recovery II (ATR II) Program is meeting its objectives of expanding client choice, improving access to clinical treatment and recovery support services, and increasing substance abuse treatment capacity. Note that these data are preliminary. All data were reported by ATR2 grantees through the Services Accountability Improvement System (SAIS).

Clients Served through 3/31/09

- The ATR II Program has exceeded its overall Program target of clients served of 62,500. About 97,000 clients have received services through March 31, 2009.
- Sixty Nine percent (69%) of clients served are Males. Thirty One percent (31%) are Females.
- Race distribution: about 50% of clients are White; 30% of clients are African American; 8.9% are American Indian/Alaska Natives; and approximately 1% are Asian/Pacific Islanders. In terms of ethnicity, about 11% of clients reported being Hispanic.
- The majority (54.2%) of clients served are between the ages of 25 and 44; about 23% of clients are 24 and under; 18.6% are between 45 and 54; 4.2% of clients are over 55.



Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration

Department of Health and Human Services

SERVICES AND VOUCHER DATA

- About **89%** of the clients for whom transaction data are available have received Recovery Support Services.
- Forty-nine percent (**47%**) of the dollars paid have been for Recovery Support services.
- About **30%** of the dollars paid for Recovery Support and Clinical Services have been to faith-based organizations.
- Faith-based providers account for 32% of all Recovery Support providers and **30%** of all Clinical Treatment providers with a voucher redemption in the SAIS.

Updates

89% of clients have received Recovery Support Services

47% of dollars paid have been for Recovery Support Services

30% of dollars paid have been to faith-based organizations

Faith-based organizations account for 32% of Recovery Support and 30% of Clinical Treatment providers

*These figures were drawn from status/discharge interview data and voucher transaction data.
SAIS: March 31 2009*

PRELIMINARY TREATMENTS OUTCOMES

Intake to Follow-up Data

82.8% were abstinent

46.5% were housed

49.0% were employed

92.4% were socially connected

96.1% were not involved with the criminal justice system

ATR II outcome data reflect changes over time from intake to six months post intake. Through March 31, 2009, ATR II grantees have collected follow-up data on a subset of clients. These data are uploaded regularly to SAMHSA.

- At six months post intake, **82.8%** were abstinent from substance use.
- At six months post intake, **46.5%** reported being stably housed.
- At six months post intake, **49.0%** reported being employed.
- At six months post intake, **92.4%** were socially connected (attended self help groups or had someone to whom to turn in times of trouble).
- At six months post intake, **96.1%** reported no involvement in the criminal justice system.

Access to Recovery (ATR) Highlights Quarterly Profiles

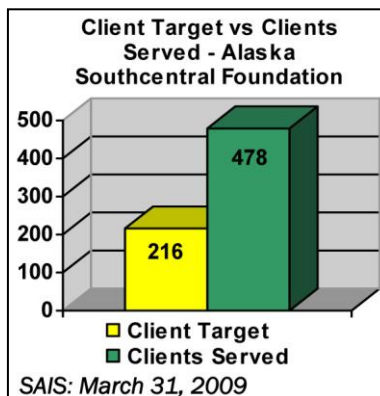
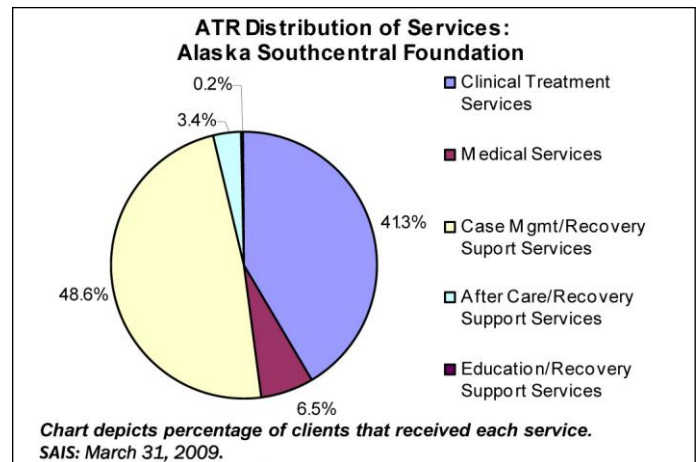
ALASKA SOUTHCENTRAL FOUNDATION

ATR HIGHLIGHTS

Alaska Doubles Client Target

Program at a Glance	
3-Year Total Grant Amount:	\$4,868,670
Target Population:	Low income and underinsured Alaska Natives and American Indians 13 years old or older.
Target Areas:	Anchorage, Wasilla, and Palmer.

The Alaska Southcentral Foundation Circle of Recovery project serves low-income or underinsured Alaska Native and American Indian people living in Anchorage, Wasilla, and Palmer. The project currently works with an adult population 18 years old and older, and is in the process of phasing in services to address the needs of youth.



The project provided a full complement of treatment and recovery support services. Case management recovery support (48.6%) and clinical treatment (41.3%) accounted for the majority of services that were delivered. Medical services (6.5%), after care (3.4%), and education (0.2%). The program recently added detoxification services to its array of services.

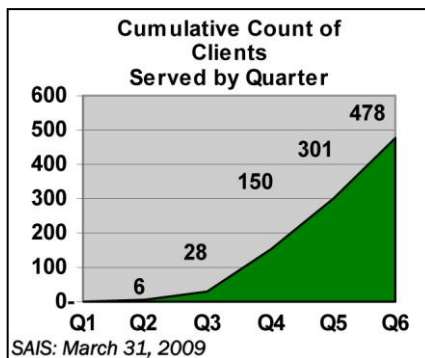
SAIS service distribution data show that the project once again had a successful quarter by serving a cumulative total of 478 clients. This figure represents more than double the target number of 216.

Marking its 1-year anniversary in March, the Circle of Recovery program continued to make a positive impact on those it serves. Among its clients, abstinence from substance use, as measured by comparing intake data to discharge data had increased by 55.6%.

CIRCLE OF RECOVERY STRENGTHENS PROVIDER BASE

During the quarter, Circle of Recovery hosted a two-day training on the evidence-based Matrix Intensive Outpatient Treatment for People with Stimulant Use disorder Model (Matrix Model) for its network of community and clinical providers; this training was designed to aid providers that work with methamphetamine clients. The Matrix Model has proven to be effective in serving individuals that use a variety of substances; many of the methamphetamine clients in the Circle of Recovery program are poly-substance abusers. With these efforts, providers are now better positioned to meet the needs of their clients.

Information about the availability for services through Circle of Recovery has spread quickly and broadly resulting in an influx of individuals interested in receiving access to the services. In response, the project enhanced its screening system to address the high demand for clinical treatment and recovery support services (RSS). These enhancements, including client income guidelines and work history requests, were necessary to ensure that the most vulnerable individuals receive the help that they need.



CIRCLE OF RECOVERY STRENGTHENS PROVIDER BASE (*continued*)

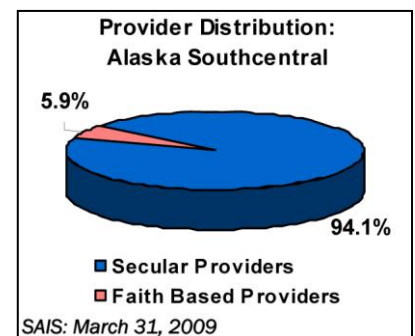
Circle of Recovery also continued to strengthen its collaborations by meeting with the Alaska Methamphetamine Education (AME) Project this quarter. AME, another SAMHSA-funded program that is aimed at prevention among the State's youth. The two entities are currently working together to provide methamphetamine-related presentations on prevention, education, and available treatment options.

Circle of Recovery staff also met with the Cook Inlet Tribal Council, the Alaska Native Tribal Health Consortium and Drs. Judith and Edward Bernstein from Boston University's School of Medicine to discuss best practices for implementing Screening and Motivational Interviewing for adolescents in emergency departments.

Program	Contacts
Project Name:	Circle of Recovery
Project Director:	Tara Lovin-Curry (907) 729-4260
Government Project Officer:	Love Foster-Horton (240) 276-1573
Executive Director:	Katherine Gottlieb (970) 729-4955

Faith- and Community - based Provider Updates

As of this quarter, approximately, 6% of providers that had redeemed vouchers were faith-based organizations. The Circle of Recovery program began receiving technical assistance from Valerie Naquih's Consultant Group, which focused on recruiting and enrolling faith-based programs in the community. Accessing this resource for the Circle of Recovery program has helped to develop partnership with Cook Inlet Tribal Council's recovery support services (RSS) such as employment and family services. The program is now focusing on increasing its RSS to meet customer needs.



Dillon says, "Circle of Recovery gave him an opportunity to be sober and today is celebrating seven months of sobriety."

Success Story:

ATR Offers Opportunity for Sobriety

51 year old Dillon enrolled in the Circle of Recovery program at the end of the summer of 2008. He started drinking because everybody else was doing it. Eventually he became a daily drinker and became homeless, intermittently living on the streets for over 20 years. Dillon admits that his alcohol dependence caused him to "miss out on a whole lot in life." He finally decided to get help because he was tired of the life he was living and "sick and tired of being sick and tired."

Dillon was able to access detoxification services and was able to obtain residential treatment for alcohol dependence through the Circle of Recovery project. Staff were there to assist him with vouchers for residential treatment, transportation and case management services. He has completed a little over four months of clinical treatment and is now in supportive transitional housing and continuing care services. He also has a homeless outreach case manager assisting him with housing and his transition into the community.

Dillon says Circle of Recovery gave him an opportunity to be sober and today is celebrating seven months of sobriety. He is working towards an education, employment and improving his medical well being.

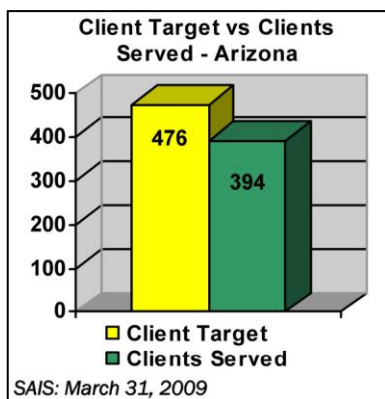
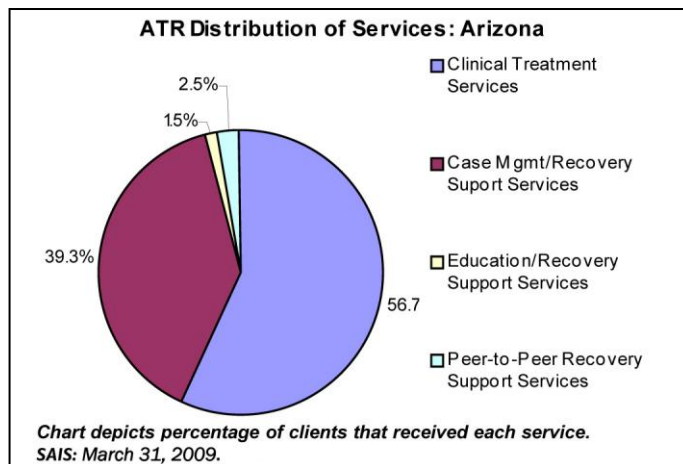
Access to Recovery (ATR) Highlights Quarterly Profiles

ARIZONA ATR HIGHLIGHTS

Arizona Expands Project to Two New Counties

Program at a Glance	
3-Year Total Grant Amount:	\$8,112,500
Target Population:	Adult drug court participants presenting with methamphetamine-related issues.
Target Areas:	Maricopa, Pima, Yavapai, Coconino, and Cochise Counties.

Arizona's ATR project is a collaborative effort among State and local agencies that is administered by the State drug courts in Maricopa, Pima, and Yavapai counties. The State recently expanded the program to Coconino and Cochise counties as well in an effort to accomplish its programmatic targets. The program, called Changing How Independence Can Ensure Success (CHOICES), specifically targets qualified drug court participants who present with methamphetamine-related issues.



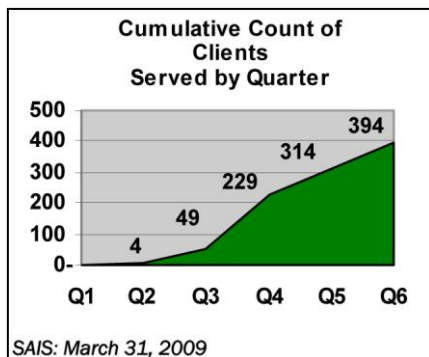
Over the past quarter, CHOICES expanded its array of services while maintaining a balance between treatment and recovery support services. Clinical treatment accounted for 56.7% of all services provided. Case management (39.3%) represented the majority of recovery support services (RSS), while the addition of peer-to-peer (2.5%) and education (1.5%) rounded out the RSS that were delivered this quarter.

The program has continued to maintain steady outreach to clients, serving 394 participants this quarter, only 82 short of its target goal of 476. Despite this shortfall, enrollment numbers are trending positive, with this quarter's recruitment representing a 25% increase over that of last quarter.

The CHOICES program is having a positive impact on the clients it has seen. Abstinence from substance use, as measured by comparing intake data to discharge data, had increased by 466.7%.

CHOICES STRENGTHENS PROVIDER NETWORK

Over the course of the past quarter AZ ATR CHOICES has increased the number of provider trainings on the voucher management system (VMS) trainings due to the increased number of newly enrolled providers. The VMS training sessions, which cover topics such as billing processes and procedures, are also open to currently enrolled providers who want or need a VMS refresher. These trainings enable providers to reduce system errors and prevent delays in receiving payment.



CHOICES STRENGTHENS PROVIDER NETWORK *(continued)*

CHOICES also added a new enhancement to the VMS, which allows the data from multiple providers to be centralized in one system. Staff from each county can now create separate contracts for providers, adjudicate claims and enter information related to provider payment.

All counties within the target area recently added a requirement for drug court clients. The requirement states that clients must now select a peer support person upon intake into the program. This requirement was initiated due to the high number of no-shows for the first appoint after the referral. ATR staff hopes that this motivational initiative will increase client engagement and retention in the program.

CHOICES continued to facilitate provider meetings in both secular and faith-based communities. Project staff this quarter gave presentations on ATR's benefits and available treatment options with the intent to recruit more providers into the program. ATR staff has also begun to set up provider forums with county probation officers and treatment and recovery support service (RSS) providers. Also, a recent SAMHSA sponsored technical assistance proved instrumental in assisting Maricopa and Yavapai counties in recruiting and enrolling faith-based organizations into the provider network. With these efforts, CHOICES hopes to be better positioned to increase their provider base and offer ATR clients more provider choice.

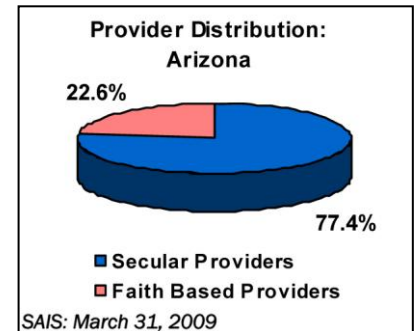
Program	Contacts
Project Name:	Access to Recovery CHOICES
Project Director:	Tonya Hamilton (602) 542-1760
Government Project Officer:	Kim Thomas (240) 276-2907
Single State Authority:	Rodgers Wilson (602) 364-4626
Governor	Jan Brewer (602) 542-4331

Faith- and Community - based Updates

Based on the data ending March 31, 2009, 22.6% of the providers that have received and redeemed vouchers were faith-based organizations, indicating significant faith-based involvement with the project.

Maricopa staff and GOCYF met with four current providers who provide peer-to-peer mentoring to inform them of the new requirement that all ATR clients will have a peer-mentor to increase client engagement and facilitate access to a wider array of services.

Additionally, the program has established a continuous recruitment process in Maricopa County to ensure the enrollment of additional providers.



“...now I am able to live instead of die.”

Success Story:

ATR Helps Drug Court Client Get Treatment

Lesley, now 47, was 17 when she started using drugs. For all of her adult life she says she did all kinds of drugs, but her drug of choice was methamphetamine, which she used for the past twenty years. Like so many others who suffer from drug addiction, she did not enter treatment until she was arrested. Subsequent to her arrest, Lesley tested positive for meth and shortly thereafter entered treatment through the Drug Court.

Through the ATR program, Lesley was able to access the clinical treatment and recovery support services (RSS) that she needed. The project allowed her to be benefit from an approach that focuses on her as a whole person and not just an addict.

After 30 years of chronic drug use and abuse, Lesley is now clean, sober and very grateful to the ATR staff for a program that she says made her life better by “saving her life.” “I got treatment, which led me to find out I had a life threatening illness I was unaware of. And now I am able to live instead of die.”

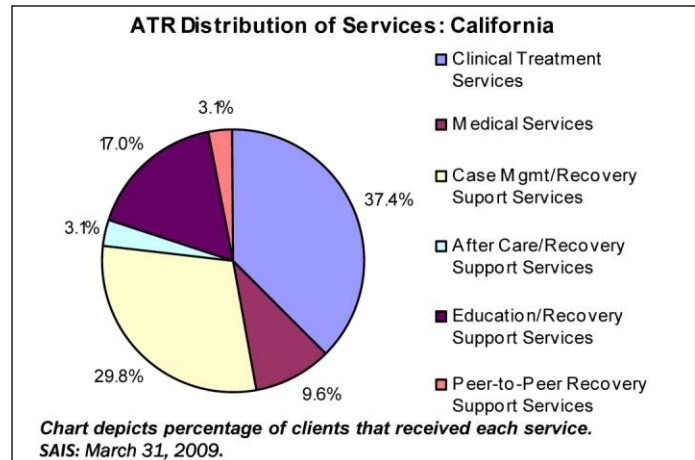
Access to Recovery (ATR) Highlights Quarterly Profiles

CALIFORNIA ATR HIGHLIGHTS

California Excels with Project Targets

Program at a Glance	
3-Year Total Grant Amount:	\$14,268,500
Target Population:	Substance-using youth between the ages of 12 and 20.
Target Areas:	Butte, Los Angeles, Sacramento, Shasta and Tehama counties

The California Access to Recovery Effort program (CARE) serves the five State counties that have the largest documented services gap: Butte, Los Angeles, Sacramento, Shasta, and Tehama. The project provides vouchers for treatment and recovery support services to substance-abusing young people ages 12 through 20.

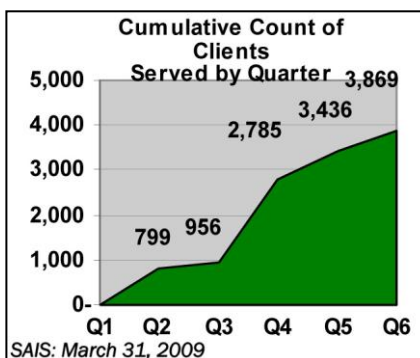
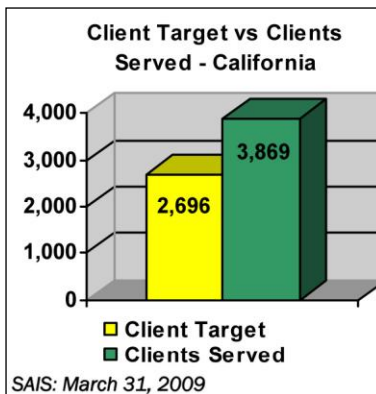


The program is moving

toward a longer term, recovery-focused model of services while continuing to provide a full range of support to clients. SAIS distribution data show that clinical treatment (37.4%) and medical (9.6%) services accounted for slightly less than half of services provided. Case management (29.8%) and education (17.0%) were the most utilized recovery support services (RSS). Peer-to-peer and after care RSS each were used by about 3% of clients.

The program continued to demonstrate success with its client number, serving a total of 3,869 clients, which exceeded its target goal of 2,696. This reinforces a positive and steady upward enrollment trend that the program has exhibited in previous quarters.

A significant indicator of the value of the project is the ability of its clients to abstain from substance use after intake. When comparing intake and follow-up client data, the rate of change for abstinence had increased by 47.1% among the clients.



CALIFORNIA EXPANDS SERVICES, IMPROVES COMPLIANCE WITH TRAINING AND SUPPORT

During this quarter, California made comprehensive changes to expand services, substantially improve GPRA compliance, and train and support providers. The changes included enhanced ways to serve methamphetamine clients and a new array of step-down services, including Continuing Care and Recovery Management, that are better tailored to the needs of substance abusing youth.

This quarter, the project underwent a significant change by shifting responsibility for discharge and follow-up data collection from the assessors to the service providers. Providers were in nearly unanimous agreement that those who had developed relationships with clients could more easily accomplish data collection.

CARE's GPRA follow-up rate of 50.6% has more than doubled since the 21.8% figure in September 2008. This dramatic increase is the result of using input from providers and seeking technical assistance to develop long-term strategies that will drive sustainable achievements in

CALIFORNIA EXPANDS SERVICES, IMPROVES COMPLIANCE WITH TRAINING AND SUPPORT *(continued)*

this area. As of the end of this reporting quarter the CARE program produced and accounted for 1,300 valid six-month GPRAs.

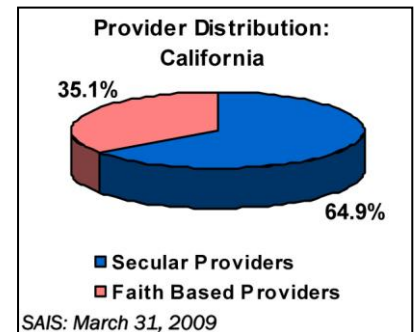
California has had no difficulty reaching client targets since ATR's inception, and is currently exceeding its cumulative client goal. Part of the new strategic plan calls for serving at least 2,803 clients during year two, which should allow the program to provide cost-effective, continuing care services. Extra efforts to attract and serve methamphetamine users include requiring assessment providers to prescreen youth for methamphetamine abuse and working with treatment and recovery support providers to encourage referrals of methamphetamine-abusing youth. The CARE program is also successful with its provider network. There are currently 192 organizations in the ATR network—101 grassroots organizations and 62 faith-based. Some fall into both categories.

Program	Contacts
Project Name:	California Access to Recovery Effort (CARE)
Project Director:	Sue Heavens (916) 323-8746
Government Project Officer:	Linda Fulton (240) 276-1573
Single State Authority:	Renee Zito (916) 445-1943
Governor	Arnold Schwarzenegger (916) 445-2841

Faith- and Community- based Provider Updates

Based on the data ending March 31, 2009, 35.1% of the providers that have received and redeemed vouchers were faith-based organizations. CARE continues to field, analyze, develop and distribute answers to new provider inquiries through ongoing communication and additional training.

The CARE staff have had so many providers interested in joining the network that they worked out a system in which new providers are first trained before actually serving clients. In fact, in February they closed recruitment of new providers in one county in the expansion area – Shasta County – having reached provider capacity. The Coordinator continues to maintain focus on adding and training new providers in the rest of the target areas.



“CARE allows us the precious time to work with clients one-on-one.”

Success Story:

ATR Allows Provider to Jumpstart Treatment

Provider Panacea is an organization that is only able to provide services because of CARE. The fact that CARE funding does not require site certification allows Panacea and other agencies to serve many schools and thousands of youth who would otherwise never have received services in Sacramento County.

CARE also allows small, but growing agencies like Panacea to establish very positive collaborative relationships with schools and school districts. Instead of signing a memoranda of understanding and then the school having to wait for up to a year and half in some cases to begin services, CARE allowed Panacea to begin services immediately.

One important benefit is that CARE allows for Individual Counseling. The State sponsored programs are very restrictive with regard to allowing for any individual intervention with clients, but we find that, from a clinical perspective, individual sessions are absolutely critical to the alcohol and other drugs (AOD) treatment and recovery process among youth. CARE allows us the precious time to work with clients one-on-one.

Access to Recovery (ATR) Highlights Quarterly Profiles

CALIFORNIA RURAL INDIAN HEALTH BOARD

ATR HIGHLIGHTS

CRIHB Increases Abstinence Rate

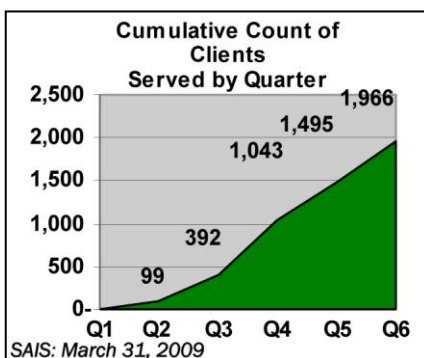
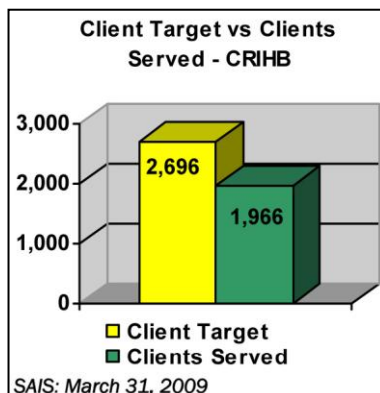
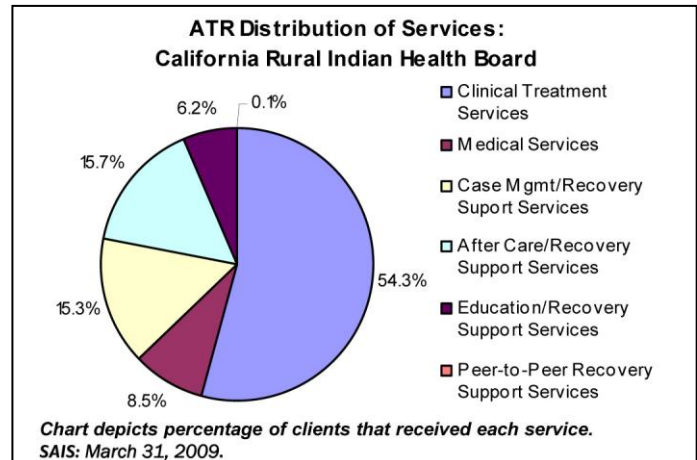
Program at a Glance	
3-Year Total Grant Amount:	\$14,248,500
Target Population:	Rural and urban-dwelling American Indians and their spouses.
Target Areas:	California, Oregon, Idaho and Washington State.

The California Rural Indian Health Board's (CRIHB) Access to American Indian Recovery (AAIR) project serves American Indians in four States: Oregon, Idaho, California, and Washington. The AAIR project, target population is enrolled members of federally recognized tribes and their spouses, descendants, children, wards, or orphans. Indian people who hold certain trust interests in California or their descendants who will receive a distribution of those assets are also eligible.

SAIS data show that the project service array includes clinical substance abuse treatment, medical services, recovery support services (RSS), utilizing case management, after care, education and peer-to-peer.

The project did not reach its client target this quarter; however, the 1,966 clients served represents an increase in the quarterly number of clients served, up from 1,495 clients last quarter. Past quarterly intake trends have been positive, which bodes well for meeting future targets.

Abstinence data shows a 40% increase in abstinence of substance use at discharge, from the project. This figure highlights the positive impact that the project is having on its clients.



CRIHB FOCUSES ON TRIBAL PARTNERSHIPS

Alan Schrader, LCSW, Clinical Director of Substance Abuse and Mental Health at Potawat Health Village, which is part of the United Indian Health Service (UIHS) in Arcade, California has been leading the charge to encourage Tribal governments to become AAIR providers and to open sober living homes/transitional housing in their communities. This effort will address the difficulty of reservation-based clients in early recovery to find safe drug-free housing. Sober living homes, according to AAIR, are effective and more affordable than repeated residential treatment stays.

AAIR Advisory Board, during its last working group, began developing strategies to address under-utilized services such as recovery support and transitional housing. One such strategy is to promote AAIR as a resource for accessing aftercare services for clients completing non-AAIR funded residential programs, as part of their discharge planning. In particular, the Board would actively market aftercare and out-patient services to CARE clients, Oxford House, and other sober living facilities advertising AAIR resources that are available.

CRIHB FOCUSES ON TRIBAL PARTNERSHIPS *(continued)*

The Board is in the process of reviewing residential treatment vouchers and other changes to make it easier for providers to serve clients and meet the goals of the AAIR project. Outreach to homeless American Indians is also part of the project's strategy for the future.

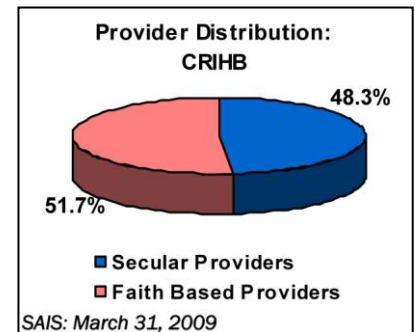
AAIR has created a dental service voucher for methamphetamine clients to address dental problems as a result of their methamphetamine use. AAIR is also actively trying to recruit more dental service providers into their network

Program	Contacts
Project Name:	Access to American Indian Recovery
Project Director:	Vicki Sanderford O'Connor (916) 929-9761
Government Project Officer:	Love Foster-Horton (240) 276-1653
Executive Director:	James Crouch (916) 929-9761

Faith- and Community - based Provider Updates

CRIHB continues to see active participation of its enrolled faith-based providers. Based on the data ending March 31, 2009, a little over half, 51.7%, of providers that had redeemed vouchers were faith-based organizations, which demonstrates success in engaging faith- and community-based providers in the AAIR project.

The full inclusion of faith- and community-based providers serves to prove clients with a clear choice.



“NARA recently received recognition from AAIR for “finding new ways to meet the needs of the whole person.”

Success Story:

ATR Helps Provider to Sustain Services

AAIR network provider, Native American Rehabilitation Association of the Northwest (NARA) provides a full continuum of care for drug and alcohol treatment and recovery support services (RSS) to almost 1,000 American Indian and Alaskan natives annually. NARA facilities include a residential treatment center, an outpatient treatment center, an Indian Health Clinic, a family wellness program and transitional housing for women and their children. NARA recently received recognition from AAIR for “finding new ways to meet the needs of the whole person.”

NARA is funded through a variety of sources, and like many other healthcare providers has experienced financial cutbacks. Faced with the decision to down-size staff or limit treatment service options NARA's Chief Operating Officer, Michael Watkins, found that the AAIR project and NARA had the same goals, providing access to substance abuse treatment to American Indians and Alaska Natives. Mr. Watson not only enrolled NARA as an AAIR provider, but also became an advocate and is currently assisting in recruiting Tribes in Oregon to become AAIR providers. NARA has also been able to offset funding cuts in other areas and clients who could not access treatment can now receive services through AAIR.

Access to Recovery (ATR) Highlights Quarterly Profiles

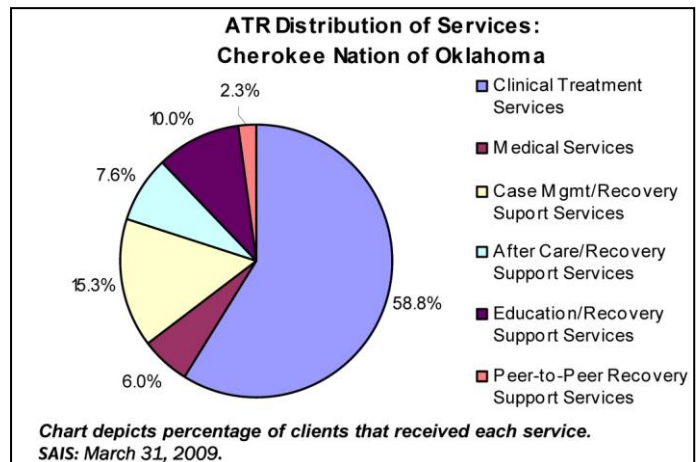
CHEROKEE NATION (OKLAHOMA)

ATR HIGHLIGHTS

Cherokee Nation Emphasizes Treatment

Program at a Glance	
3-Year Total Grant Amount:	\$10,030,944
Target Population:	American Indian adolescents and adults in need of substance abuse treatment.
Target Areas:	26 counties in the northeastern corner of the State of Oklahoma.

The Cherokee Nation of Oklahoma's, Many Paths ATR project provides services to American Indian adolescents and adults in need of sub-stance abuse treatment. Many Paths provides clinical substance abuse treatment and recovery support services to 26 counties in Oklahoma. The Cherokee Nation provides services in 15 counties, the Muskogee

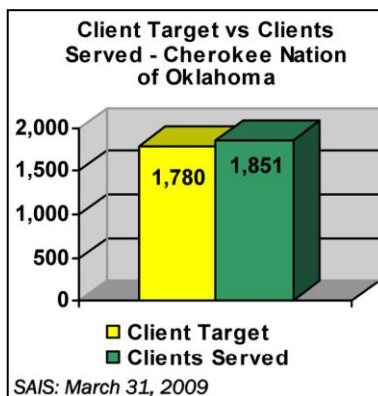


Creek Nation provides services in 5 counties, the Osage Nation provides services in 3 counties, and the Tulsa Urban Center provides services in the remaining three counties. Much of the 26-county service area is rural and impoverished.

The array of services that are provided by Many Path is clinical treatment, medical services, case management, education, after care and peer-to-peer support services. The majority of the services provided by Many Path are clinical treatment service (see distribution chart).

Aided by the expansion of its service area, the project exceeded its target goal of 1,780 and served 1,851 clients.

The rate of abstinence of substance use increased among the clients of Many Paths by 119.0% from intake to six month follow-up.

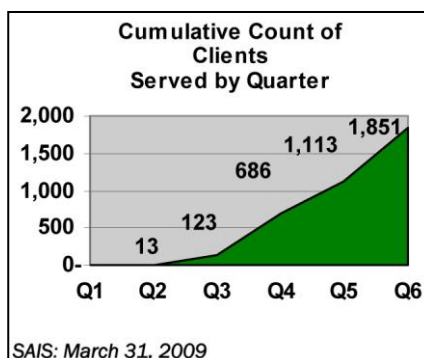


CHEROKEE NATION ENHANCES FISCAL TRACKING, STRENGTHENS PROVIDER BASE

During the quarter, Many Paths conducted several training sessions and performed onsite technical assistance for its network of faith-based organizations and individual providers on enhancing fiscal operations. With the training, providers and provider staff are better positioned to sustain provider capacity.

Also this quarter, Many Paths started a fiscal management training program for its network of providers to assist them in implementing sound fiscal management. The training program has resulted in the development, and implementation of fiscal policies by the provider network that help safeguard against fraud, waste and abuse.

In terms of collaborative efforts this quarter, Many Paths network providers have partnered with the Cherokee Nation's Anti-Meth Coalition, a multidisciplinary team with representation from Human and Social Services, law enforcement and the local housing authorities. The project leadership also continues to meet bi-weekly with leadership from the Strategic Prevention



CHEROKEE NATION ENHANCES FISCAL TRACKING, STRENGTHENS PROVIDER BASE *(continued)*

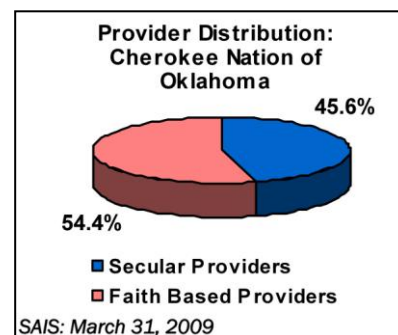
Framework State Incentive Grant (SPF SIG), called "Not in Our Nation", to promote treatment and prevention among the 10 hub communities and 50 satellite communities included in their service area. The Many Path has a collaborative relationship with the Cherokee Nation Indian Child Welfare which has helped to identify families with drug abuse issues that can benefit from ATR services. The collaborations and partnerships have enhanced Many Path outreach capabilities.

Program	Contacts
Project Name:	Many Paths
Project Director:	John Gastorf (918) 822-2476
Government Project Officer:	Love Foster-Horton (240) 276-1653
Principal Chief	Chad Smith (916)453-5618

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 54.4% of the providers that have received and redeemed vouchers were faith-based organizations, demonstrating significant success with engaging faith-based organizations.

Many Paths continues to actively outreach to faith- and community-based providers and recruited/contracted with 42 new RSS providers and 6 new clinical treatment providers this quarter. This effort has brought the number of enrolled RSS and clinical treatment providers to 129 and 93, respectively.



88% of Many Path's clients are presenting without criminal justice involvement.

Success Story:

ATR Clients Exhibit Excellent Outcomes

The Cherokee Nation of Oklahoma's ATR project continues to make great strides in maintaining its positive impact on increasing access to clinical substance abuse treatment and recovery support services in 26 counties in Oklahoma. Based on most recent 6-month follow up reports, 70% reported abstinence from substances, marking a 443% rate of change. Approximately, 99% of clients reported they had no criminal justice involvement. Additionally, 88% of Many Path's clients are presenting without criminal justice involvement. This figure clearly illustrates that the word is getting out in Native American communities that, "Clients do not have to fail to succeed!"

Approximately 92 % of clients reported maintaining social connectedness following their discharge from the program, while 56% were successfully able to secure sober, stable housing.

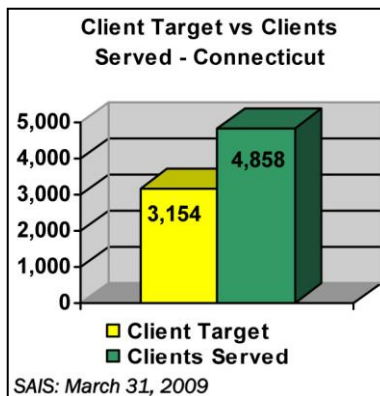
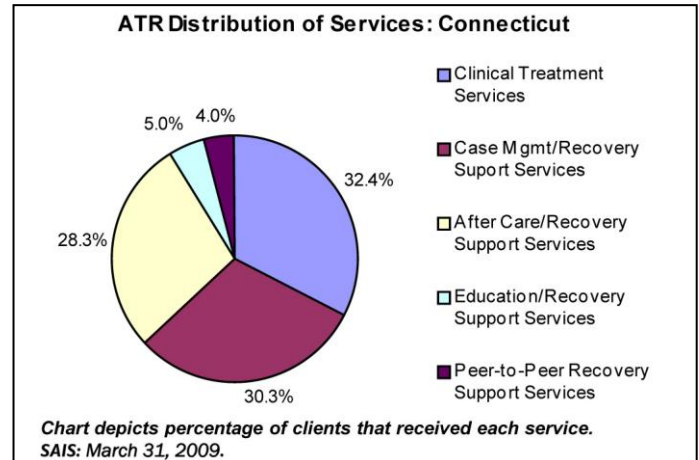
Access to Recovery (ATR) Highlights Quarterly Profiles

CONNECTICUT ATR HIGHLIGHTS

Connecticut Nearly Doubles Client Target

Program at a Glance	
3-Year Total Grant Amount:	\$14,248,500
Target Population:	Adults 18+ with substance use disorders who are referred by or engaged with: Departments of Correction, Children and Families, and Social Services.
Target Areas:	Statewide

The Connecticut ATR II program is a statewide, collaborative effort offering services to adults aged 18 and older with substance abuse disorders who are referred by or engaged with one of the following: Departments of Correction, Children and Families, and Social Services; Judicial Branch-Court Support Services Division; Urban Initiatives; and the Screening and Brief Intervention Program at three primary health care sites.



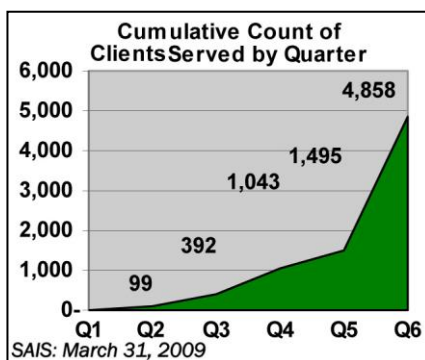
This quarter, the Connecticut ATR project continued its emphasis on recovery support services (RSS) with a nearly even split between case management (30.3%) and after care recovery (28.3%) services. The remaining RSS were also evenly distributed with education services at 5.0% and peer-to-peer at 4.0%. Clinical treatment services accounted for only 32.4% of total services delivered. This quarter, the State of Connecticut continues its success with reaching out to new clients. Cumulatively, the project has served a total of 4,858 clients, well in excess of its target of 3,154. During this quarter alone, the project has served more than 3,000 clients representing a sharp spike in the clients served trend.

In terms of client outcomes, the Connecticut ATR project has demonstrated that the services it delivers are having a positive impact on clients in recovery. When comparing intake data to 6-month follow-up data, Connecticut ATR clients' abstinence rates increased by 8.7%.

CONNECTICUT ATR CONTINUES TO ENHANCE PROJECT

The Connecticut Department of Mental Health and Addiction Services (DMHAS) is on track to exceed its second-year client targets, so it has suspended efforts to recruit new clients at this time. To ensure that it stays within its Year 2 budget, the program has decreased weekly activity and expenditures, and imposed provider caps to slow the admission of new clients, thus allowing current clients to receive the full array of ATR services. This effort is consistent with the State's focus on ensuring a balance between the quantity of clients served and the quality of the experience they have with ATR.

On other fronts, the State's program enhancements have continued, including development of new GPRA outcome reports to calculate the rate of change for GPRA measures at follow-up by portal, provider, service, and portal by service. This allows providers to see their outcomes and receive updated information on a monthly basis. Reports will also be shared with other Connecticut state partners, such as the Department of Correction and the Department of Children and Families.



CONNECTICUT ATR CONTINUES TO ENHANCE PROJECT *(continued)*

Program	Contacts
Project Name:	Access to Recovery II
Project Director:	William Halsey (860) 418-6747
Government Project Officer:	Roula Sweis (240) 276-1574
Single State Authority	Thomas Kirk, Jr. (860)418-6700
Governor	M. Jodi Rell (860) 566-4840

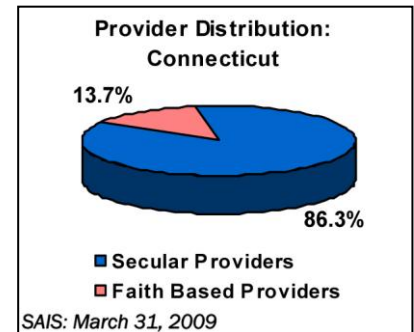
The Connecticut ATR program has continued strengthening its work with the ATR provider network. This quarter, the State has conducted several site visits to community- and faith-based organizations to complete chart audits and review services being offered to ATR recipients. In addition, monthly provider meetings were held to offer technical assistance and discuss topics such as GPRA outcomes and follow-up interviews. Connecticut is maintaining a GPRA follow-up rate above 90%.

The project also maintained its vigilance with monitoring for fraud, waste, and abuse. The program continues to work with sober housing providers to gather census information on all ATR clients who are admitted and discharged to these facilities to ensure that proper records are kept and over-payments are refunded.

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 13.7% of the providers that have received and redeemed vouchers were faith-based organizations.

The State continues to conduct outreach to the faith-based community to increase engagement in the program. On other fronts, CT ATR also is encouraging the use of underutilized clinical services such as Co-Occurring IOP and Clinical Recovery Management Check-ups. New providers were recruited this quarter and certification applications continue to be submitted for these services.



"What there has been is steady employment, independent living, and a thankful person in recovery"

Success Story:

Vietnam Veteran Realizes His Dream of Sobriety

David, a recovery support service client, came back from Vietnam addicted to heroin, and from the 1960's to 2005, he had not been able to stay clean for more than about 30 days. The times he was clean for more than a few days he was typically an inpatient in a treatment program. His work history was quite sketchy, and he had been incarcerated several times for drug offenses, too. In 2005 he went to an in-patient treatment program, which was his eleventh attempt at getting clean.

When he left treatment, he moved to his own apartment and obtained full time work at the VA, as a custodian. He states the fourth anniversary of his clean date was six weeks away. Moreover, he said he hadn't felt better since he was a teenager. For over three years there has been no drinking, no drugs, no treatment programs, no arrests, and no incarceration. What there has been is steady employment, independent living, and a thankful person in recovery. It has been a long year, with lots of trials and tribulations, but through ATR it has also been a good year, with a lot of successes.

Access to Recovery (ATR) Highlights Quarterly Profiles

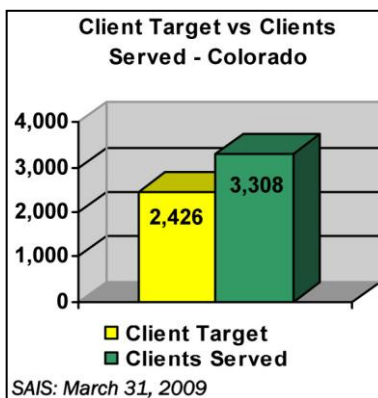
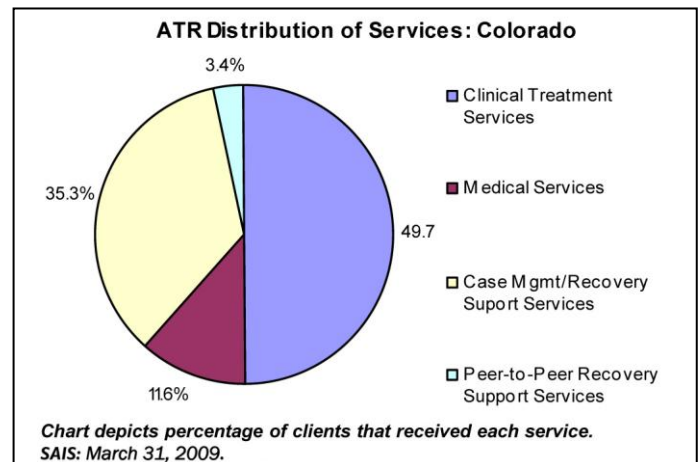
COLORADO ATR HIGHLIGHTS

Colorado Exceeds Client Target, Delivers Balanced Service Array

Program at a Glance	
3-Year Total Grant Amount:	\$13, 678, 560
Target Population:	Adolescents and young adults 12-25 with substance use issues. Methamphetamine and adults of any age.
Target Areas:	Metro Denver, metro Colorado Springs, I-70 Corridor and Greeley/Fort Collins/Loveland area.

Colorado's ATR program targets users of methamphetamine and ecstasy of any age and adolescents and young adults under 25 with any substance use issues. The project encompasses both rural and urban areas in metro Denver and metro Colorado Springs, the I-70 Corridor, and the Greeley/ Fort Collins/Loveland area.

The program provided a balanced portfolio of services with a strong emphasis (about 60%) on treatment services. SAIS distribution data indicate that clinical treatment (49.7%) represents nearly half of all client interactions and medical services accounting for an additional 11.6%. Clients seeking recovery support services were most likely to utilize case management (35.3%) with just 3.4% choosing to participate in peer-to-peer support.



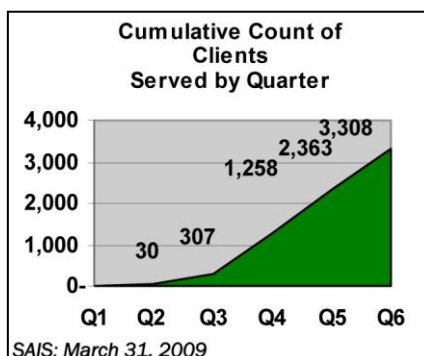
The ATR project again exceeded its target number of clients served, continuing a trend that has demonstrated gains across previous quarters. SAIS data show that the program served 3,308 clients, exceeding the target goal of 2,426 by nearly 900 clients, an increase of more than 35%.

The program is maintaining positive outcome statistics in terms of abstinence after intake. Based on the comparison between the intake and discharge data, the rate of abstinence from use increased 94.2% for Colorado ATR clients.

COLORADO CONTINUES TO ENHANCE PROJECT

During the quarter, CO ATR created a web portal feature to their Connect Care's information system. This addition facilitates online communication between assessors, providers and care coordinators. It also allows users to submit GPRA, clinical assessments, and RSS surveys online. This enhancement eliminates previous barriers to efficiency that included incomplete and illegible hardcopy forms and delays in assessments reaching treatment providers.

Also during the quarter, CO ATR conducted three recruitment forums aimed at faith-based organizations. This effort is showing positive results towards meeting CO ATR's goal of increasing their faith-based and RSS provider base within the program. Of the 85 faith-based organizations contacted, 9 have enrolled to become recovery support service (RSS) providers and 19 are in varied stages of the application and approval process.



COLORADO CONTINUES TO ENHANCE PROJECT *(continued)*

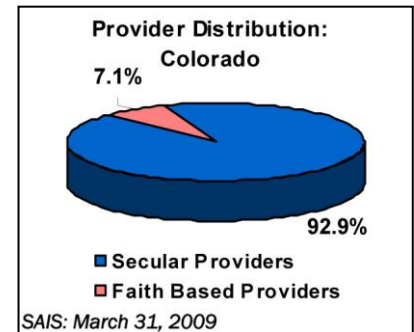
Additionally, CO ATR advanced the date of ATR's expansion to the western slope. This decision was made in an effort to increase meth client enrollment. This effort resulted in a significant increase in client enrollment including meth-related client referrals.

CO ATR is better positioned to reach its meth client targets for Year 2 of the grant as well as exceed overall client enrollment. CO ATR also developed new strategies to meet the GPRA follow up target. These new strategies were necessary as a majority of clients are no longer in treatment at the 6 month follow up. Strategies include having treatment providers complete the 6 month follow up during the client's appointment, the employment of newly designed locator forms that include the client's contact information as well as two other people.

Program	Contacts
Project Name:	Colorado ATR
Project Director:	Bert Singleton (303)655-7860
Government Project Officer:	Kim Thomas (240) 276-2907
Single State Authority:	Janet Wood (303) 866-7486
Governor	Bill Ritter (303) 866-2471

Faith- and Community - based Provider Updates

CO ATR has been trying to enroll faith based organizations and grassroots community programs. With SAMHSA-sponsored technical assistance, Colorado has put on successful community enrollment forums that will increase its network. Currently just 7.1% of providers that had redeemed vouchers were faith-based in nature. The ATR staff found that it is critical to contact faith based organizations with sensitivity to the fact that many faith-based and grass-roots organizations are leery of taking funds for something they may already do at no cost. The provider forums have lead to a better selection of faith based organizations for clients, promoted recovery, and helped to build a better community.



“Colorado ATR funding allows many children to receive treatment, and turn high risk youth in the right direction...”

Success Story:

Colorado ATR Helps Luke Connect with His Family

CO ATR funding allows many children to receive treatment, and turn high risk youth in the right direction. 16 year old Luke was one such youth.

Luke had a history of gang involvement and a family history of drug dependence and physical abuse. He began using drugs at 13 years old to escape family issues and numb his feelings. He started doing poorly in school and was expelled from his school district due to his drug dependency. His use increased and he ran away from home. After eight months of homelessness, he was picked up by the police and returned home.

Luke's mother heard about CO ATR through a friend and called to have an assessment done. Luke began treatment and did very well. He learned new coping skills to express his anger instead of shutting down. He learned how to have fun clean and sober and make goals for his life. He has completed the treatment program and continues to attend the weekly lifetime aftercare program.

Access to Recovery (ATR) Highlights Quarterly Profiles

WASHINGTON DC ATR HIGHLIGHTS

DC Clients Strongly Utilize Aftercare Support

Program at a Glance	
3-Year Total Grant Amount:	\$10,392,756
Target Population:	Persons re-entering the community after being incarcerated, women, women with dependent children, young adults and methamphetamine users
Target Areas:	District-wide.

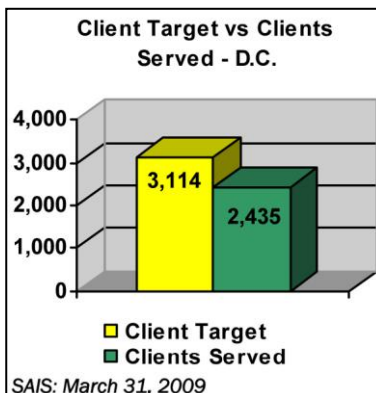
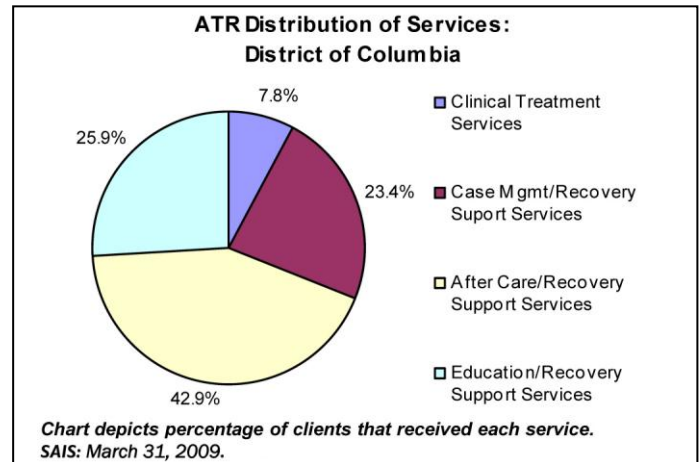
The District of Columbia's Choosing Options for Recovery and Empowerment (CORE) ATR spans all eight wards of the Nation's capital. The program targets persons re-entering the community after being incarcerated; women, including those with dependent children; youth and young adults; and methamphetamine users.

Recovery support services (RSS) are the main focus of

the CORE program and comprise more than 90% of total services provided. SAIS distribution data show that after care support, the most utilized service at 42.9%, represented nearly half of total services. Education support (25.9%) and case management services (23.4%) were evenly divided between the remaining RSS. Clinical treatment services accounted for 7.8% of services.

The program served 2,453 clients this quarter. Although this was short of its target goal by 661, it still represents a significant increase over last quarter's total enrollees. The staff's outreach to methamphetamine users through advertisements and efforts to forge new strategic partnerships is expected to positively impact future enrollment.

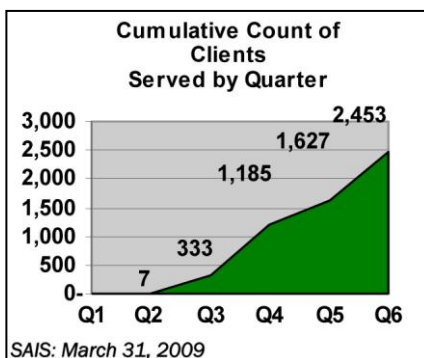
Follow-up with participants after their discharge from the program has shown that CORE is impacting its clients in a positive way. The rate of abstinence from use at discharge increased by 34.5% when measured against data obtained at intake.



DC STRENGTHENS ITS PARTNERSHIPS AND ENHANCES SERVICE ARRAY

During the quarter, DC CORE ATR sponsored focus groups to foster discussions at the community level regarding methamphetamine use and abuse. Targeted participants include active meth users as well as those in recovery and their families. This effort is necessary as the District's research and ongoing community outreach indicate that the methamphetamine using population tends to be in underground or undisclosed areas and are reluctant to seek treatment. With this new initiative, DC CORE ATR is better positioned to reach meth users where they are and reach their meth client targets.

Also this quarter, DC CORE ATR teamed up with a network provider to develop a mobile outreach and counseling component to their program. This service provides mobile recovery support to individuals in halfway houses and residential recovery programs as well as incarcerated individuals within 30-60 days of release. With this enhancement, the project is also laying a foundation for expanding the array of services offered to clients. DC CORE anticipates this mobile component will be available district wide within the year.



DC STRENGTHENS ITS PARTNERSHIPS AND ENHANCES SERVICE ARRAY *(cont.)*

Additionally, the project continues to sharpen its marketing strategies through local community sites. It continues to employ social website, message boards and mental health drop-in centers as vehicles of spreading awareness about ATR to the community.

Also this quarter, ATR project staff maintained its presence in DC's Crystal Clean Recovery Network's Capital Meth Workgroup meetings, LGBTQ, and faith-based community events in an effort to increase the exposure of ATR's available services and treatment options throughout the district. DC CORE ATR hopes that partnerships like this, along with Transgender Health Empowerment Group will aid them in increasing client enrollment.

DC CORE ATR has developed a checks-and-balances system to detect fraud, waste and abuse among providers including invoice reviews by the Voucher management Coordinator and project manager prior to submission for payment by the fiscal management office. The District's programmatic monitoring efforts have included fiscal audits, several cross-checking systems for duplicate payments, reviews of provider billing practices, electronic tracking and client surveys. No instances of fraud, waste or abuse occurred this quarter.

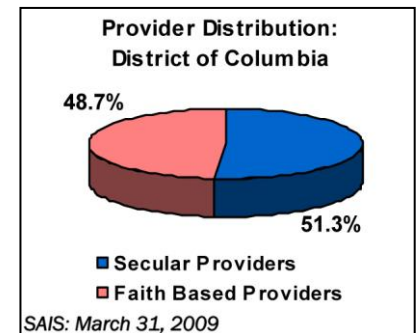
Program	Contacts
Project Name:	Choosing Options for Recovery & Empowerment (CORE)
Project Director:	Valerie Robinson (202) 727-9032
Government Project Officer:	Roula Sweis (240) 276-1574
Single State Authority:	Tori Fernandez Whitney (202) 727-8941
Mayor	Adrian Fenty (202) 727-2980

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 48.7% of the providers who have received and redeemed vouchers were faith-based organizations. This is an increase from the 20.9 % reported just last quarter.

DC CORE ATR continues to forge interagency partnerships with local human service agencies and faith-and community-based organizations.

This quarter, ATR staff have provided ongoing technical assistance to its network providers on GPRA, client locators, the client program referral voucher, client verification of services forms and Addiction Prevention and Recovery Administration's ATR billing process.



“This program helped prepare me for success in this walk of life.”

Success Story: ATR Services Help Reggie Restore His Life

Reggie grew up in a middle class neighborhood, but peer pressure and the desire to be with the “in-crowd” started him on his journey of drug use and shortly thereafter an addiction that he could no longer control. He began sleeping on a different friend's couch every night until he became homeless.

He heard of House of Help City of Hope, an ATR network provider, through a friend who had successfully utilized their services; her recovery sparked his desire for change.

Reggie was presented not only with treatment options through ATR's service array, but with a host of recovery support services that both he and his family could employ such as marriage counseling, family parenting, child care, life skills and HIV education. He says “this program helped prepare me for success in this walk of life.” “ATR also provides a way for me to be supportive financially,” he happily says.

Today Reggie is no longer pursuing popularity, but sobriety. Through ATR he was able to achieve his goal of sobriety and a support system to help him maintain his new way of sober living.

Access to Recovery (ATR) Highlights Quarterly Profiles

HAWAII ATR HIGHLIGHTS

Hawaii Expands Recovery Support Services & Exceeds Target Recruitment

Program at a Glance

3-Year Total Grant Amount:	\$8,112,500
Target Population:	Adults in need of treatment, those currently in treatment, and those discharged from substance abuse treatment within the last 2 years.
Target Areas:	The Island of Oahu, City and County of Honolulu.

The Hawaii ATR targets a wide range of substance-using adults, including those who are in need of treatment, are currently in treatment, or have been discharged from treatment within the last 2 years. This population includes people with open, active Child Welfare Service cases, those with criminal justice involvement who have returned to the community on some form of supervised

release, and dual-diagnosis clients working with mental health providers. The program's geographic target is the Island of Oahu, City and County of Honolulu.

This quarter, the program expanded its array of recovery support services (RSS). Case management (49.5%) and peer-to-peer services (33.0%) still represent the majority of services, according to SAIS distribution data. However, education RSS increased over the past quarter to 11.3%, and after care services, added this quarter, accounted for 6.3%.

Project staff successfully overcame earlier recruiting challenges and exceeded the target goal of 1,096 by 521 clients, enrolling 1,617 participants. Staff had proactively expanded its outreach efforts and intensified provider training to boost enrollment.

Abstinence outcomes, which are objective indicators of the success of the program, also rebounded significantly this quarter as Hawaii ATR clients experienced an increase in abstinence of 55.0% based on a comparison between intake and discharge data.

ATR Distribution of Services: Hawaii

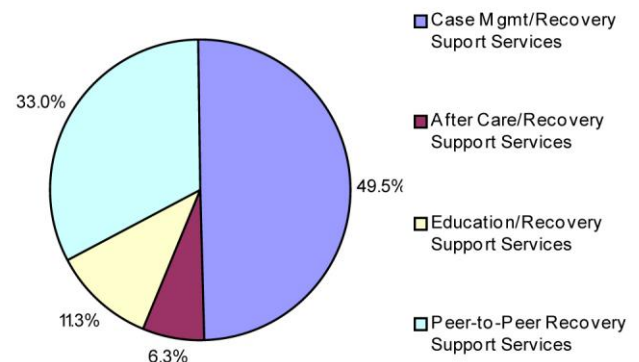


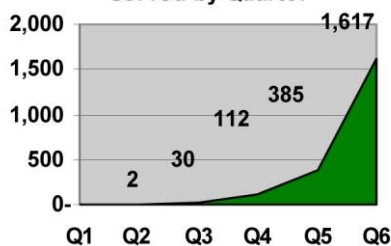
Chart depicts percentage of clients that received each service. SAIS: March 31, 2009.

Client Target vs Clients Served - Hawaii



SAIS: March 31, 2009

Cumulative Count of Clients Served by Quarter



SAIS: March 31, 2009

HAWAII ATR FOCUSES ON MARKETING, TRAINING, AND MONITORING

During the quarter, Hawaii ATR II continues its full implementation of the electronic Voucher Management System (VMS) through implementation of the Web Infrastructure for Treatment Services (WITS). Direct upload into SAIS is currently effective in generating near real-time tracking of client enrollment, voucher issuance, fund encumbrance, and vouchers redeemed.

HI – ATR II also conducted three hours of marketing strategies training to 10 provider organizations, four RSS Unit and ATR II staff while a customized marketing training session was provided to 15 providers. HI – ATR II staff also presented ATR orientation and other advanced level trainings to case workers and supervisors. With these efforts, conducted at local provider facilities, HI-ATR II is better positioned to increase meth client enrollment and providers are better positioned to showcase their programs to other agencies while building partnerships that extend beyond Hawaii ATR II.

HAWAII ATR FOCUSES ON MARKETING, TRAINING, AND MONITORING (cont.)

Additionally this quarter, HI-ATR II implemented an ACCESS hotline for clients, which has enabled ATR staff to coordinate potential referrals and client engagement activities with recovery support services units. This well-known, trusted, community information line allows clients to be referred to RSS in a confidential manner.

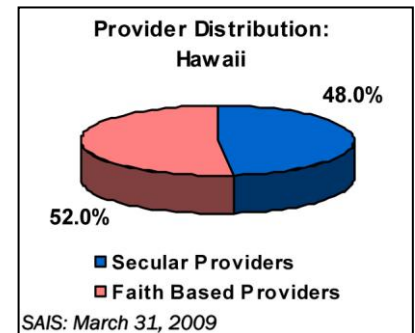
HI-ATR II also continues to implement a solid fraud, waste, and abuse prevention and detection system. Its programmatic monitoring efforts have included fiscal audits, electronic tracking and client surveys. No substantiated instances of fraud, waste or abuse occurred this quarter.

Program	Contacts
Project Name:	Hawaii Access to Recovery Project
Project Director:	Bernie Strand (808) 692-7619
Government Project Officer:	Linda Fulton (240) 276-1573
Single State Authority:	Keith Yamamoto (808) 692-7506
Governor	Linda Lingle (808) 586-0034

Faith- And Community- Based Provider Updates

Based on the data ending March 31, 2009, 52% of the providers that have received and redeemed vouchers were faith-based organizations demonstrating solid success with engaging faith based organizations.

Bi-monthly provider forums were initiated with RSS units and existing and emerging provider organizations, providing a vehicle for information-sharing, presentations and trainings within the ATR provider network. ATR provider manuals were issued to all RSS units and providers and elements of the voucher system training were disseminated as part of the provider manual. Expansion of this material continues to be on-going.



Success Story:

HI-ATR Leverages Existing Partnerships to Improve Program Performance

"Two problems were resolved with a consolidated effort: low client enrollment and low provider compensation."

Prior to a SAMHSA-sponsored provider development technical assistance (TA), HI-ATR staff and their network providers had struggled with meeting the target objectives of the grant.

However, as a result of the on site TA, HI-ATR uncovered a wealth of client referrals from within its own service provider networks who were already utilizing services. By enrolling these previously unidentified clients, HI-ATR was able to compensate providers for services provided to clients in the ATR covered-service categories. Two problems were resolved with a consolidated effort: low client enrollment and low provider compensation.

HI-ATR's service network expanded because the State authorized payments to vendors for work they would have traditionally done for no compensation with clients with whom they already work.

Enrollment, service array and expenditures increased, and HI-ATR continues to have a fairly concentrated and manageable provider network since the State already had a relationships with most of the participating agencies.

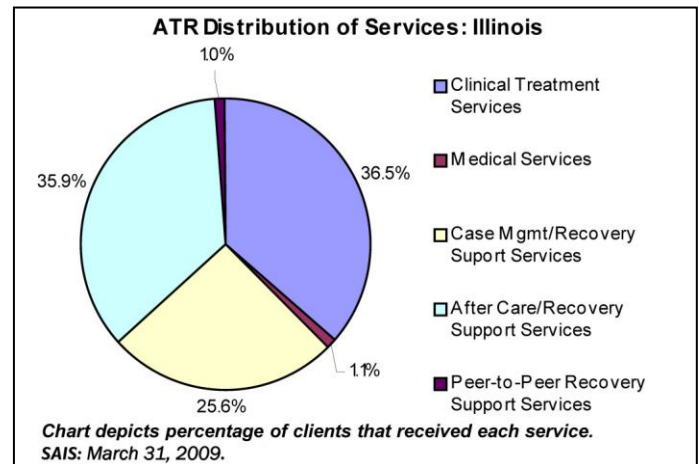
Access to Recovery (ATR) Highlights Quarterly Profiles

ILLINOIS ATR HIGHLIGHTS

Illinois Delivers Balanced Array of Services

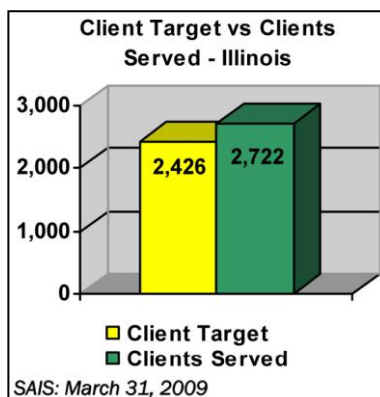
Program at a Glance	
3-Year Total Grant Amount:	\$13,678,560
Target Population:	Residents in need of recovery support services, methamphetamine and methadone treatment, and women released from Cook County jail.
Target Areas:	Cook County, Southern, East Central and Central Illinois

The Illinois Pathways to Recovery ATR program serves clients in 8 judicial districts throughout Illinois. The target population includes adult probationers (18 years and older) who are under the supervision of the Cook County Circuit Court and the Illinois First, Second, Fourth, Fifth, Sixth and Twentieth Judicial Circuit Courts. Individuals who are referred to ATR assessment by enrolled recovery support providers are also eligible.



SAIS distribution data showed a balanced mix of services delivered this quarter with an emphasis on recovery support services. After care accounted for 35.9% of services with case management topping out at 25.6%. Clinical treatment services represented 36.5% of the total. Strong recruitment efforts resulted in the program exceeding its client target of 2,426 by 296, bringing the total enrollment to 2,722 clients. The steady growth shown in cumulative client counts across quarters suggests continued success into future quarters.

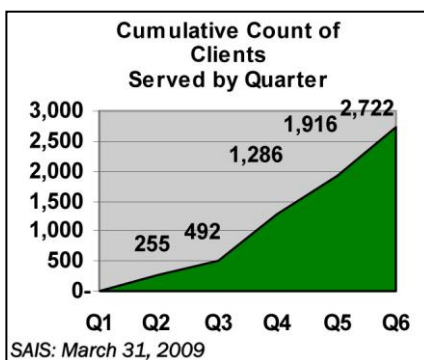
The rate of abstinence from substance use is one outcome measure that provides an objective indicator of the impact of the program. Illinois-ATR clients showed an increase in abstinence 6-months post intake of 26.3%, a further demonstration of the effectiveness of the program.



ILLINOIS ATR PROJECT CONTINUES TO EXPAND

A robust referral network allowed the Pathways to Recovery program to maintain progress and momentum toward achieving its three-year client intake target and high follow-up rate. Program staff continues outreach to a variety of sources, including the Department of Corrections and the Department of Children and Family Services in an effort to increase methamphetamine referrals. Contact has also been made with the TCE methamphetamine grantees in Illinois to collaborate in making recovery support services available to their clients.

In January the program submitted a request to expand its scope to include delivery of recovery and support services for methamphetamine-involved residents of the 1st, 2nd, 4th, and 20th Judicial Court Districts in southern Illinois. This expansion, combined with the current program scope, will enable the Illinois ATR II to meet its three-year methamphetamine service-funding target. The program's GPRA follow-up rate on the last day of the quarter was 97%. The six-month GPRA follow-up rate of 87.4% is well above the average for all grantees and is the result of successful partnerships with enrolling entities, providers, and partners.



ILLINOIS ATR PROJECT CONTINUES TO EXPAND *(continued)*

The State maintains ongoing provider recruitment efforts. For instance, this quarter provider trade organizations, treatment providers, faith-based coalitions, and ATR I faith-based organizations assisted in inviting prospective providers to orientations about what ATR is and the benefits of participation. The State's community relations department will assist by publicizing the project as well as helping develop public service announcements and other marketing materials.

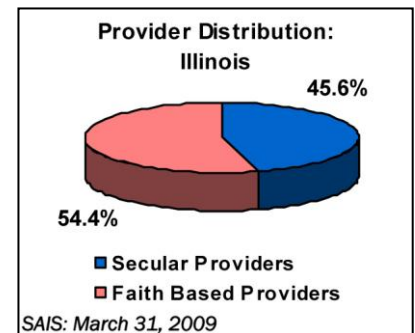
On other fronts, the State focused additional efforts on enhancing the voucher management system. The enhancements were designed to prevent the creation of duplicate billing encounters and to provide enrollment agencies with the ability to create consents, referrals and placement of clients into other systems. With these changes, the State continues to move in the direction of an integrated system of care designed to respond to the unique needs of individual clients.

Program	Contacts
Project Name:	Pathways to Recovery
Project Director:	Theodora Binion-Taylor (312) 814-2300
Government Project Officer:	Dawn Levinson (240) 276-2015
Single State Authority:	Theodora Binion-Taylor (312) 814-2300
Governor	Pat Quinn (217) 782-0244

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 54.4% of the providers who have received and redeemed vouchers were faith-based organizations demonstrating a good balance in service delivery.

This quarter, provider trade organizations, clinical treatment providers, faith-based coalitions and ATR I faith-based organizations collaborated in recruiting prospective providers into the ATR program. They also highlighted the benefits of ATR II as well as educating them on how to participate. This collaboration resulted in a new provider. The provider, experienced in treating meth clients, is located in Franklin-Williamson County, covering the 1st, 2nd, 4th and 20th Judicial Districts.



"He credits ATR with helping him become a productive citizen and a provider for his family."

Success Story:

ATR Helps Emile Become a Family Man

Emile is 51 years old now, an age he did not think he would be able to see because of his lifestyle. He says there was no life after he began to use drugs. He admits curiosity led him into experimental drug use, which quickly mushroomed into a full blown drug addiction. "I was no longer me, but something else – a beast, and I lived my life like one."

He says life for him is better today because he found God and ATR. He hails ATR as a "great program" that has "worked for him".

Today he shares an apartment with his brother in his hometown of Chicago. He currently utilizes vocational training, transportation and spiritual support through ATR and soon hopes to receive job placement assistance once his vocational training is complete. He credits ATR with helping him become a "productive citizen and a provider" for his family. "The ATR program is good and should be continued."

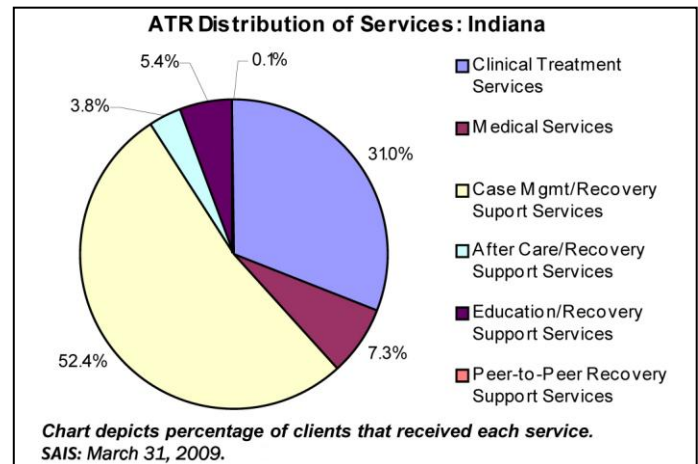
Access to Recovery (ATR) Highlights Quarterly Profiles

INDIANA ATR HIGHLIGHTS

Indiana Exceed Client Target Numbers

Program at a Glance	
3-Year Total Grant Amount:	\$14,248,500
Target Population:	Clients recently released from the criminal justice system, pregnant women and women with dependent children, methamphetamine users.
Target Areas:	Lake, St. Joseph, Allen, Marion, Vigo, and Vanderburgh counties.

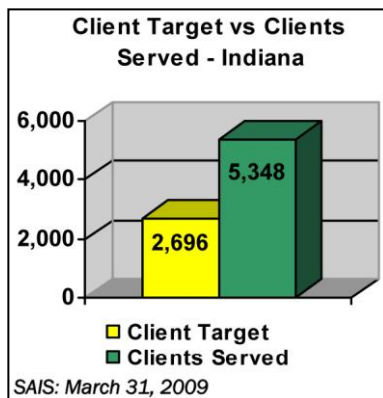
The Indiana ATR program provides both clinical and recovery support services to clients in Lake, St. Joseph, Elkhart, Allen, Marion, Vigo, and Vanderburgh counties. The program is open to individuals who are at or below 200% of the Federal Poverty Level and who were recently released from the criminal justice system, individuals with a history of methamphetamine use with an acknowledged substance use problem, pregnant women, and women with dependent children.



Clients can choose from a wide array of clinical and RSS options. This quarter, SAIS distribution data indicate that recovery support services (RSS) were the most utilized, with case management (52.4%) comprising the majority of RSS, followed by education (5.4%) and after care (3.8%). Clinical treatment (31.0%) and medical services (7.3%) combined to accounted for nearly 40% of services delivered to clients.

The project continues to demonstrate an upward trajectory with its numbers of clients served. As of this quarter, the project served nearly double its target number of 2,696 by enrolling 5,348 clients. In this quarter alone, the project served 1,657 clients.

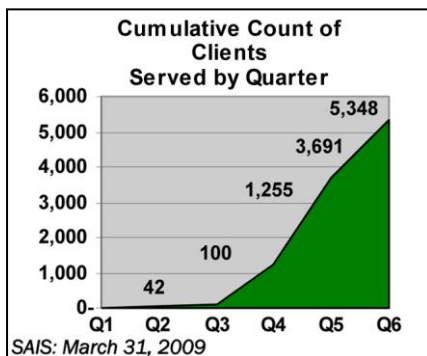
The Indiana ATR project is making a difference as evidenced by the client outcomes data on abstinence from substance use. Among the IN-ATR clients, the rate of abstinence increased by 47.5% when comparing clients at intake and at 6-months post intake.



INDIANA-ATR FOCUSES ON CONTINUAL IMPROVEMENT PROCESS

The high volume of clients in the Indiana ATR project reflects the success of the staff's outreach to agencies and community partners. By the end of the quarter, 5,348 clients had been enrolled, which means that the Indiana ATR has not only met the goal for years one and two, but has exceeded those combined goals. This level of enrollment will allow the project to fully utilize all the resources in its ATR budget. Furthermore, the Indiana ATR GPRA follow-up rate was 110.13% at the end of this quarter demonstrating success in all key programmatic areas. Successful marketing to methamphetamine clients, enhanced through the use of substance-of-choice data from the Indiana Epidemiological Methamphetamine data base, resulted in the enrollment of more than 1,500 clients who had used methamphetamine within the last 90 days.

The project's voucher management system continues to be operational at all levels, and continual upgrades are being instituted to aid with project administration. In addition, a number of improved reports have been created, most notably one that allows ATR staff to trace expenditures in a more nuanced fashion. In an effort to remain client-centered and continually



INDIANA-ATR FOCUSES ON CONTINUAL IMPROVEMENT PROCESS *(continued)*

improve its service delivery, this quarter, the ATR staff focused on refining and administering a client satisfaction survey. Increased emphasis has been placed on training Recovery Consultants about the importance of getting the survey completed.

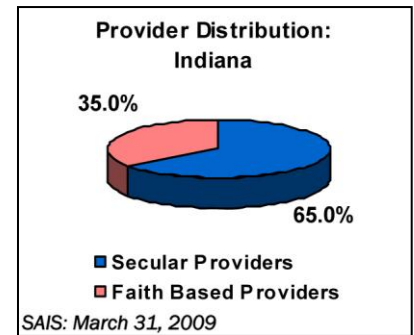
Finally, this quarter, a majority of IN-ATR State staff completed cultural competency training offered by the State in an effort to manage its program in a culturally sensitive manner. The Indiana Access to Recovery project works through a broad array of locally embedded organizations to ensure individuals from diverse cultures are able to select providers that understand their cultural heritage.

Program	Contacts
Project Name:	Indiana Access to Recovery
Project Director:	Diana Williams (317) 232-7843
Government Project Officer:	Dawn Levinson (240) 276-2015
Single State Authority:	Diana Williams (317) 232-7483
Governor	Mitch Daniels, Jr. (317) 232-4567

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 35% of the providers who have received and redeemed vouchers are faith-based organizations.

Indiana ATR continued its collaboration with the State's main vehicle for provider recruitment, the Indiana Office of Faith-based and Community Initiatives (OFBCI). OFBCI has a database of more than 4,000 organizations in the Indiana target area. This partnership has resulted in nine additional providers becoming enrolled in the ATR network during the past quarter.



"...without the ATR vouchers, he never would have been able to graduate from his treatment program."

Success Story:

With Support from ATR, Stan Became Meth-free

Stan, was 22 years old when he started smoking methamphetamines with a friend. He says it began innocently ñ he was out drinking at a local bar and was curious about meth. He recalls being instantly hooked. He attributes his meth and alcohol addiction as being the primary reason his 10-year marriage ended in divorce.

While he was able to quit drinking "cold turkey", his meth addiction had a stronger hold on him than he had on it. He eventually befriended a man who made his own meth. Stan was soon arrested after police apprehended the two buying supplies to manufacture meth.

Stan heard about the ATR program through the judicial courts. The sentencing judge offered him a deal he could not refuse: 'go to rehab and have your record expunged.' He decided to give it a try. He admits he was overwhelmed by the process at first, but is glad that the judge gave him the chance to participate in ATR's services. Stan says that without the ATR vouchers, he never would have been able to graduate from his treatment program.

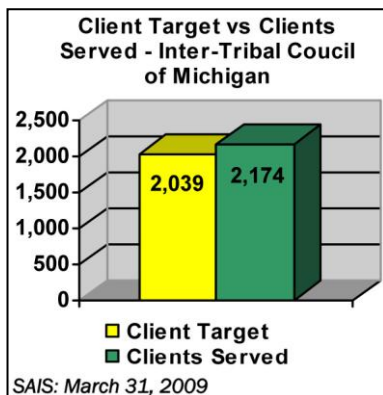
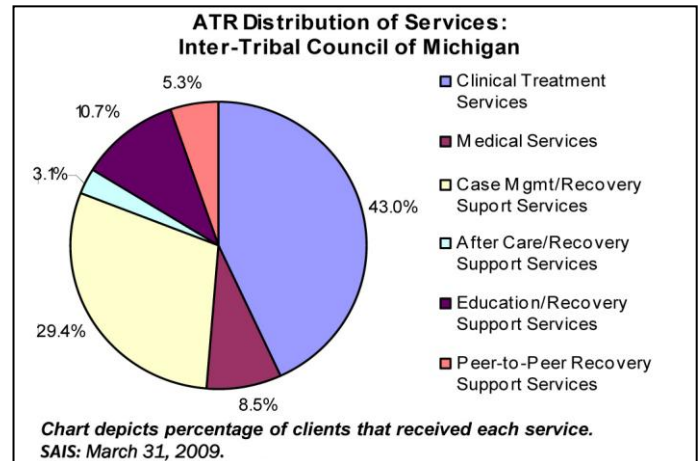
Access to Recovery (ATR) Highlights Quarterly Profiles

INTER-TRIBAL COUNCIL OF MICHIGAN ATR HIGHLIGHTS

Inter-Tribal Council of Michigan Exceeds Client Target, Increases Abstinence from Substance Use

Program at a Glance	
3-Year Total Grant Amount:	\$11,500,628
Target Population:	Members of 12 collaborating tribes and other federally recognized tribes and non native family members at least 14 years old.
Target Areas:	Tribal communities statewide.

The Inter-Tribal Council of Michigan's (ITCM) Anishnaabek ATR project, serves members of the 12 collaborating tribes, members of other federally recognized tribes residing in the collaborating tribes' service areas and non-native family members 14 years and older are also eligible. Michigan tribal communities are dispersed across the entire State, which can cause challenges in implementing the project.



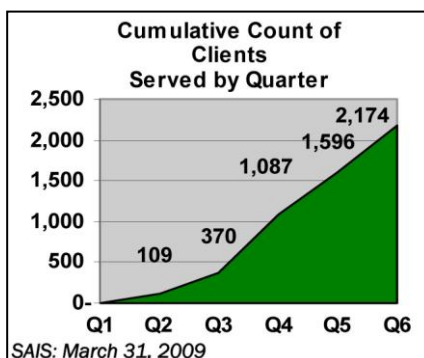
Over the past quarter, Anishnaabek ATR provided a balanced and wide range of clinical substance abuse treatment and recovery support services (RSS). Clinical treatment (43.0%) and medical services (8.5%) accounted for just over half of client services according to SAIS distribution data. Recovery support services were anchored by case management (29.4%), followed by education (10.7%). Peer-to-peer (5.3%) and after care services (3.1%) completed the program's RSS offerings.

The program exceeded its client target again this quarter, enrolling 2,174 clients, which is 135 more than its goal of 2,039. Program staff are planning to publish ads in tribal newspapers to increase its methamphetamine client enrollment.

Abstinence data, an objective measure of the success of the program, also continues an upward trend. When comparing client intake and follow-up data, the abstinence rate of change increased by 52.1%.

ITCM FOCUSES ON PROVIDER TRAININGS AND PROGRAM ENHANCEMENTS

Anishnaabek ATR continues to strive to add enhancements to their voucher management system (VMS); making the system more user-friendly and allowing maximum flexibility in reports that can be generated from the information being collected. During the quarter, the project implemented several minor modifications to service code rates for group counseling and group oriented recovery support activities. This was in response to a recent review of rates established for comparable services paid for by Medicaid and Blue Cross, which determined that established rates were too low. The new rates went into effect this quarter. The modifications made to the system were designed to create greater consistency in the rates



ITCM FOCUSES ON PROVIDER TRAININGS AND PROGRAM ENHANCEMENTS (continued)

assigned for each individual client participating in counseling or recovery support activities. The voucher system has also been modified to allow the voucher coordinator to override annual limits for vouchers. This override mechanism was implemented to accommodate individual needs. A new procedure is now in place for providers to request a voucher authorization that exceeds the annual established limit. Additionally, an enhancement has been added to the VMS to allow the administrator to run a voucher transaction report for a specific group of clients. This report will make it easier to track expenditures for methamphetamine clients.

Anishnaabek ATR conducted a half-day voucher training for providers, which included a screen-by-screen demonstration of the voucher system and answer questions about project.

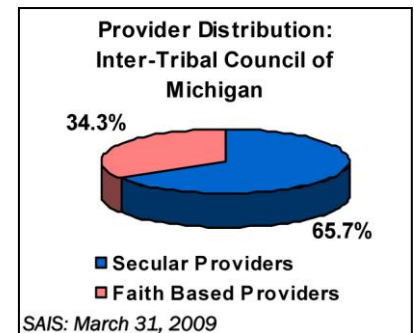
This quarter, the project recruited an access center to serve the Detroit American Indian community with plans in process for access centers in Flint and Grand Rapids. These urban communities have significant American Indian populations.

Program	Contacts
Project Name:	Anishnaabek Access to Recovery
Project Director:	Eva Petoskey (906) 632-6896
Government Project Officer:	Love Foster-Horton (240) 276-1653
Executive Director	Sharon Teeple (906) 632-6896

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 34.3% of the providers that have received and redeemed vouchers were faith-based organizations indicating that the project has been successful with partnering with faith based providers.

To date, there are thirty-six (36) providers in the ATR Network. These 36 providers include 544 individual staff members who are authorized to provide services to ATR clients. Even with the challenges associated with provider recruitment, due to the time consuming and often cumbersome administrative process, Anishnaabek ATR was able to enroll ten new providers this quarter.



*...the circle of care is
ever-widening, due to the
gift of the Annishnaabek
ATR project.*

Success Story:

ATR Builds Capacity in Tough Economy

Anishnaabek ATR partner, Saginaw Chippewa Indian Tribe, one of twelve federally recognized tribes in Michigan is committed to developing a recovery oriented system of care (ROSC), for its tribe, and for tribes throughout Michigan.

The Saginaw Chippewa Behavioral Health Program provides comprehensive, individualized and holistic outpatient and residential substance abuse treatment and mental health services to Native Americans living in the area.

Developing a process for providing recovery support activities was a challenge, but staff took the lead in approaching tribal programs that also offered services to behavioral health (and Anishnaabek ATR) clients. This collaboration has increased the service array and level of effort they are able to offer in their community. The clients have benefited from the expanded continuum of care and the community has benefited from the increase in sober, healthy activities available. An unexpected benefit has been the reduction in stigma for people who are utilizing services.

Saginaw Chippewa will be holding several meetings in their service area to recruit recovery support providers outside of the tribal programs. Saginaw Chippewa Indian Tribe is a shining example of the circle of care is ever-widening, due to the gift of the Annishnaabek ATR project.

Access to Recovery (ATR) Highlights Quarterly Profiles

IOWA ATR HIGHLIGHTS

Iowa ATR Nearly Doubles Client Target

Program at a Glance	
3-Year Total Grant Amount:	\$9,423,008
Target Population:	Women released from Iowa's Correctional Institute, meth users, Native Americans, rural residents, and men and women who are parents or have care-giving responsibilities for children.
Target Areas:	Statewide.

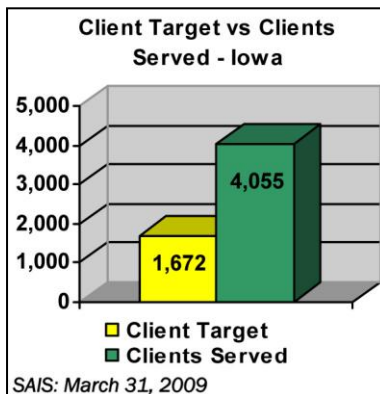
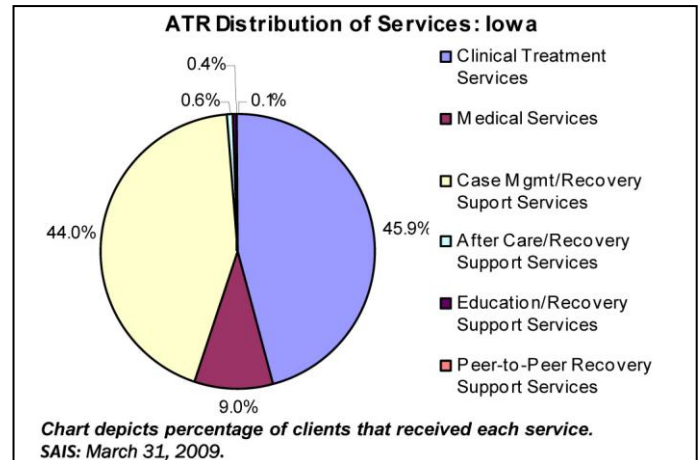
Iowa's statewide Access to Recovery program reaches a wide variety of clients, targeting women who were released from the Iowa Correctional Institution for Women, men and women who are parents or have care giving responsibilities for children, methamphetamine users, Native Americans, and rural residents.

The Iowa ATR project provided a portfolio that is well balanced between treatment and recovery support services (RSS).

This quarter, SAIS distribution data showed that clinical treatment (45.9%) and medical services (9.0%) represented 55% of all services offered. Case management (44.0%) maintained its place as the most accessed RSS, with after care (0.6%), education services (0.4%), and the newly added peer-to-peer support (0.1%) accounting for the remainder of RSS.

Client recruitment was a notable success this quarter. The project exceeded its prorated client target number of 1,672 by nearly 250%, adding 4,055 clients to its rolls. This project has a history of far exceeding its recruitment targets and continues to expand its service array and work with providers to attract clients.

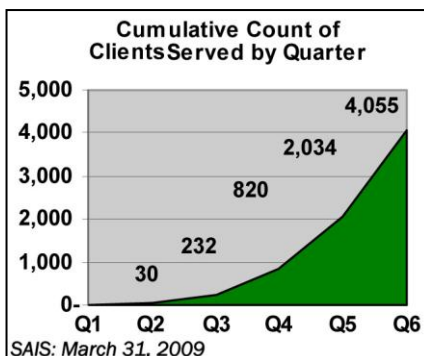
The Iowa ATR has maintained its positive outcome measure for abstinence. Clients at the six month follow up had shown a 13.6% increase in abstinence from use as compared to intake data.



IOWA MEETS ADMISSION GOAL, UPDATES PROVIDER MANUAL

In just under five months into year two of the grant, the Iowa Access to Recovery program has achieved its year two goal of admitting 1,738 clients. In response to suggestions from clients and providers, ATR staff has updated its provider manual to include a variety of new services, including dental care, life skills coaching, integrated therapy, pharmacological interventions, supplemental needs, recovery calls, and substance abuse treatment for qualifying clients. The program eliminated a mental health therapy service because it was not being utilized. Due to the success of its recruitment efforts, Iowa will consider implementing admission caps for budgetary reasons.

GPRA follow-up rates have risen to 85.9% thanks to an aggressive effort to focus on provider accountability. Providers who were posting results below 80% were told that suspensions would be placed on their agencies until the follow-up rate improved. In addition, Iowa ATR project continues to remind providers that follow-up interviews can be conducted by phone under limited conditions.



IOWA MEETS ADMISSION GOAL, UPDATES PROVIDER MANUAL *(continued)*

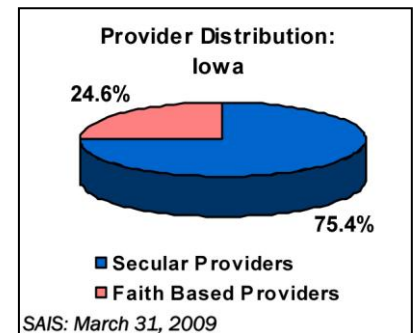
As part of the new provider manual, services that were reserved for clinical providers in the past are now open to faith-based providers to encourage recruitment of clients who might have reservations about entering the doors of a clinical provider. To improve communications with providers, ATR Iowa staff is developing a provider report card to give providers a monthly update about issues such as current overall client enrollment, methamphetamine client count, inactive clients, number of referrals made to other ATR providers, number of encounters not released to billing, and when the provider's monthly billing statement is received.

Program	Contacts
Project Name:	Access to Recovery Iowa
Project Director:	Kevin Gabbert (515) 281-7080
Government Project Officer:	Linda Fulton (240) 276-1573
Single State Authority:	Kathy Stone (515) 281-4417
Governor	Chet Culver (515) 281-5211

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 24.6% of the providers that have received and redeemed vouchers were faith-based organizations.

This quarter, IA ATR conducted 11 ATR provider trainings, 9 collaboration meetings, 6 agency site visits, 2 all-provider calls, and 12 VMS trainings. Additionally, IA ATR hosted a forum for faith-based providers that focused on the role of the faith-based provider in ATR including an overview of available services and the application process. Nine provider organizations were in attendance with each committing to become an ATR provider.



“ATR is an awesome program and really helps put life back together.”

Success Story:

ATR Services Support Single Father's Sober Lifestyle

Ty grew up in a house-hold where drug use was common and even deemed acceptable, but it was peer pressure that led to his drug addiction. Both he and his friends were led to believe, “What else is there to do in a small town?” He was later married in 2006, but within a year his wife left him. Ty says of his drug addiction, “It took me to the bottom and took everything I had.” His turning point was when his young daughter was placed in foster care after a hair sample tested positive for methamphetamine. Two days later he started a 29-day treatment program at Prairie Ridge, an IA-ATR network clinical treatment provider.

Through ATR, Ty was able to receive clothing and transportation assistance, dental services and his GED. He also takes parenting classes to learn to be a better single parent in hopes of regaining custody of his 2 year-old daughter.

Ty believes that single fathers in recovery can benefit from residential programs to help them reintegrate into the community and says that “ATR is an awesome program and really helps put life back together.”

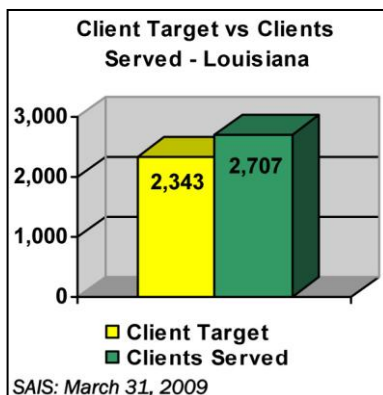
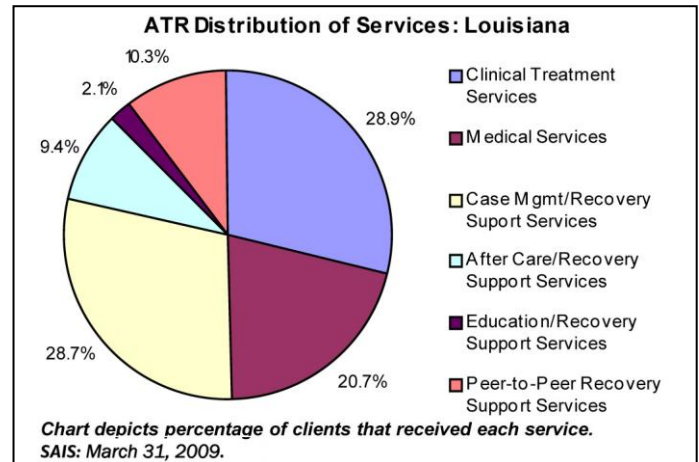
Access to Recovery (ATR) Highlights Quarterly Profiles

LOUISIANA ATR HIGHLIGHTS

Louisiana Adds Recovery Support Services

Program at a Glance	
3-Year Total Grant Amount:	\$13,213,489
Target Population:	Criminal offenders with substance abuse diagnoses; methamphetamine users.
Target Areas:	Greater New Orleans and Baton Rouge, Northwest and Northeast Louisiana

The target population for LA-ATR is criminal offenders with diagnoses of alcohol/drug abuse or dependence. The program also targets methamphetamine users and any person meeting the clinical and financial eligibility criteria. The geographic target area is the Greater New Orleans Area, Greater Baton Rouge Area, Northwest Louisiana (Region 7), Northeast Louisiana (Region 8), Acadiana Area (Region 4), and Florida Parishes Area.



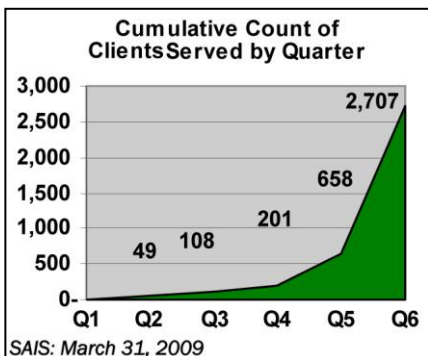
This quarter, the LA-ATR project added education recovery support services (RSS) to complement its wide array of services. SAIS distribution data show that clinical treatment (28.9%) and medical services (20.7%) comprised nearly half of total services. RSS were led by case management (28.7%) with after care (9.4%) and peer-to-peer (10.3%) services being accessed by clients nearly equally. Approximately 2% of services rendered were education RSS. The program was again successful with achieving its client target this quarter, enrolling 2,707 participants, which represents a total of 364 participants above its target client goal. Program staff worked closely with providers to increase the number of clients served and forged a new partnership with the local National Guard.

Another area that the project has been successful is with the abstinence rate of change. A comparison of client intake data to discharge data shows that the LA-ATR project's clients increased their rate of abstinence from substance use by 131.1%.

LOUISIANA FOCUSES ON SOLDIERS, FAMILIES, AND RE-ENTRY POPULATION

During this quarter, the Louisiana ATR II project partnered with the Louisiana National Guard to address the needs of returning soldiers and their families by informing them about available resources during their transition time. LA-ATR II staff hosted a booth at the National Guard's week-long Yellow Ribbon Training event and disseminated information to nearly 200 service men and women returning from deployment. The LA-ATR II project will continue this collaboration with the National Guard at other Yellow Ribbon events across the state.

The LA-ATR II project has exceeded its client admission target for this reporting period, enrolling more than 2,700 clients. The program has more than 90 enrolled providers and has seen a steady increase in clients and new providers. Strategies to maintain the high level of recruitment include developing new brochures, offering priority admission to methamphetamine-using clients, contacting media sources, and meeting with providers to get their feedback and encourage their continued good work.



LOUISIANA FOCUSES ON SOLDIERS, FAMILIES, AND RE-ENTRY POPULATION (continued)

By the close of this quarter, the GPRA collection rate had increased from 30% to 50% due to staff traveling the state to provide training to providers about collection of GPRA data. In the next quarter, all of the LA-ATR staff will participate in a GPRA webinar training session to make them aware of the most current training information. LA-ATR II staff have partnered with the LA Department of Corrections (DOC) to serve the re-entry population. The DOC provided a listing of all inmates scheduled to be released within the next 90 days. The LA-ATR II Regional Program Monitors sent assessors to each correctional facility to conduct assessments with inmates to provide them access to the treatment process prior to their release.

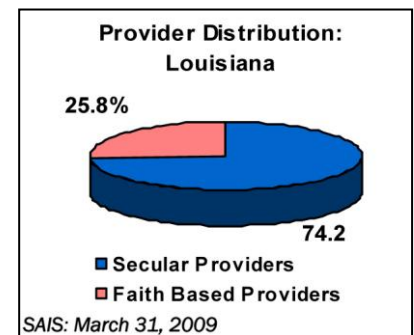
Program	Contacts
Project Name:	Access to Recovery
Project Director:	Charlene Gradney (225) 342-1075
Government Project Officer:	Linda Fulton (240) 276-1573
Single State Authority:	Michael Duffy (225) 342-6717
Governor	Bobby Jindal (225) 342-7015

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 25.8% of the providers that have received and redeemed vouchers were faith-based organizations.

LA-ATR II continued its recruitment efforts by conducting provider meetings in all target areas for current and potential providers. They also held an Open House in Baton Rouge and Region 8 areas in an effort to recruit more providers and client referrals.

This quarter, the ATR staff also gave a presentation about the project at community meetings in an effort to recruit additional grassroots providers from surrounding areas.



As a result of the ongoing collaborations, the National Guard has referred 25 soldiers to LA-ATR providers throughout the state.

Success Story:

Project Focus Expands to National Guard

As a result of the collaborative efforts that began at the National Foundation of Women Legislators conference in Florida last November, the LA-ATR staff and the state's SSA Director have continued to partner with the Louisiana National Guard to ensure that the soldiers and those returning from deployment receive services through LA-ATR II.

The LA-ATR staff participated in a Yellow Ribbon Reintegration Program Training in January where returning troops and their families attended a two-day workshop on how to deal with their lives after returning from combat.

LA-ATR hosted a booth at this training, where information regarding the services available to the soldiers and their families through LA-ATR were made available.

As a result of the ongoing collaborations between the National Guard and LA-ATR, the National Guard has referred 25 soldiers to LA-ATR providers throughout the state.

Access to Recovery (ATR) Highlights Quarterly Profiles

MISSOURI ATR HIGHLIGHTS

Missouri Continues to Exceed Client Target, Delivers Balanced Service Array

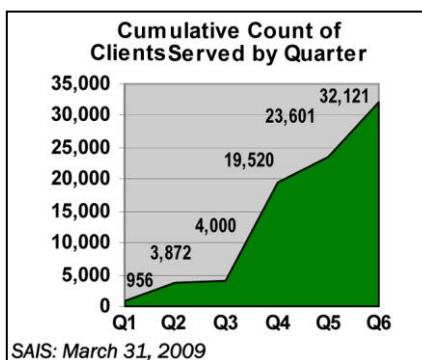
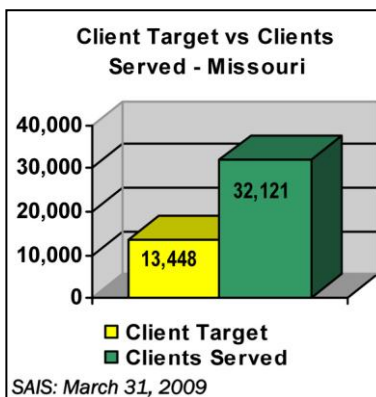
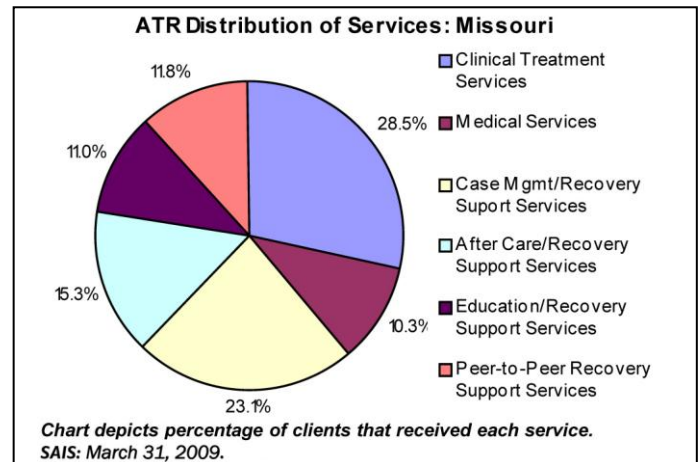
Program at a Glance	
3-Year Total Grant Amount:	\$14,248,500
Target Population:	Substance-using adults 18 years old and older.
Target Areas:	Statewide.

Partnering for Excellence, Missouri's statewide ATR program, casts a wide net by targeting adults who are 18 years old or older who have either substance use issues or recovery support needs.

The program provides a full complement of services, with no single service dominating. SAIS distribution data for this quarter show an emphasis, about 60%, on recovery support services (RSS).

Case management was the most frequently accessed RSS at 23.1%, followed by after care (15.3%), peer-to-peer support (11.8%), and education services (11.0%). Treatment services were divided between clinical (28.5%) and medical (10.3%) services.

This quarter, the project, which has been notable for its consistently high enrollment numbers, continued to make impressive gains in recruitment. It exceeded its prorated target of 13,448 clients by enrolling 32,121 participants, well over double its target number. Intensive provider training has been one of the keys to the success in recruiting and treating methamphetamine users. The rate of abstinence from substance use increased by 62.1% among clients, as measured by comparing intake and discharge data. This outcome is a further indication of the program's positive impact on its clients.



MISSOURI CONTINUES TRAINING PROVIDERS, TRACKS FRAUD AND WASTE

The Missouri ATR project diligently improved its project this quarter by focusing on training providers and tracking fraud and waste. Falling just one shy of its goal, Missouri trained and hired 99 recovery support providers. Several more providers are currently being credentialed. The State will now slow its successful recruitment program, and hire providers only in areas of need.

A training session for staff who track clients proved valuable this quarter. The grantee contracted the Missouri Institute of Mental Health to provide training, which emphasized the importance of follow-up, the cultural differences that can affect efforts to track and locate clients, and the tracking tools that can lead to success with following up.

Missouri held numerous Matrix model training sessions this quarter. As a result, many of Missouri's providers have agreed to institute a Matrix-Model program. Missouri ATR also established several collaborations with other organizations, including the Missouri Department

MISSOURI CONTINUES TRAINING PROVIDERS, TRACKS FRAUD AND WASTE (cont)

of Corrections, the Missouri Institute of Mental Health, and Committed Caring Faith Communities in an effort to serve more people in need of services.

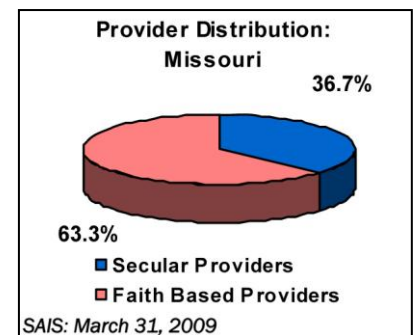
The State also improved its voucher processing system and continued its efforts to prevent fraud and waste. This quarter, Missouri performed many programmatic audits as well as audits of provider billing practices. Every provider in the state receives an annual billing review. Through these monitoring efforts, the State identifies instances of improper billing or documentation. When problems are discovered, Missouri ATR recoups improperly billed amounts, conducts further training, requires a corrective action plan, or the provider is removed from the ATR network.

Program	Contacts
Project Name:	Missouri Access to Recovery II: Partnering for Excellence
Project Director:	Mark Shields (573) 751-4942
Government Project Officer:	Linda Fulton (240) 276-1573
Single State Authority:	Mark Stringer (573) 751-4942
Governor	Jay Nixon (573) 751-3222

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 63.3% of the providers that have received and redeemed vouchers were faith-based organizations demonstrating the State's outstanding success with engaging faith-based communities.

The project continues to make strides in its provider recruitment efforts. Over the quarter, of an original goal of 100, staff have credentialed and contracted 99 ATR II recovery support services (RSS) providers. They will, however, decelerate their credentialing rates over the next few months to concentrate on RSS programs in areas with the greatest need.



ATR “jump-started” a new life for her and her children.

Success Story:
ATR Supports Joanne with Sobriety and Motherhood

Joanne states she was raised in a loving, two-parent home, but admits she began using drugs to fill a void that was created when her father was killed in an auto accident. She had everything, materially, that she could ever want, but states emotionally she was “dry”.

She reached a point in life where she was unable to maintain employment and living became a chore. Her turning point came when her youngest son, then 6 years old, asked her, “Mommy, when are you going to wake up from your naps?” Overwhelmed with guilt, she recalls this event as her “moment of clarity.”

Shortly after, she entered a residential treatment facility, followed by engagement in outpatient treatment and recovery support services. Her involvement in recovery support continued long after her outpatient counseling sessions ended.

She says the combination of treatment and RSS helped her “deal with past and present issues, work on self-esteem, and develop a plan for recovery.” She says ATR “jump-started” a new life for her and her children. Today Joanne is living a happy and drug and alcohol free life; she credits the ATR program for the change it help her make.

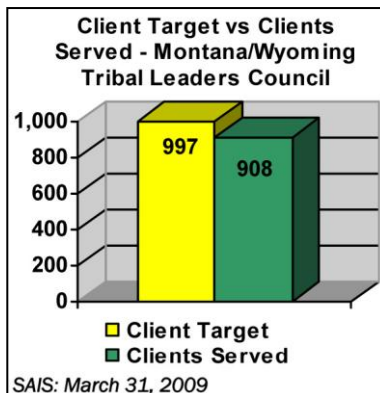
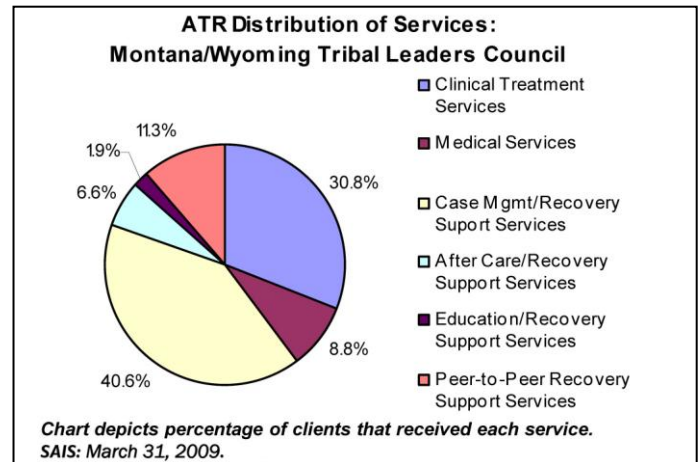
Access to Recovery (ATR) Highlights Quarterly Profiles

MONTANA/WYOMING TRIBAL LEADERS COUNCIL ATR HIGHLIGHTS

Clients Served Continues to Increase

Program at a Glance	
3-Year Total Grant Amount:	\$5,623,408
Target Population:	American Indian/Alaska Natives age 18 and over in need of substance abuse treatment.
Target Areas:	Billings, Great falls, Missoula, Helena, and Butte.

The Montana/Wyoming Tribal Leaders Council's Rocky Mountain Tribal Access to Recovery (RMT ATR) project targets American Indian/Alaska Native adults (18 and over) with substance use problems who live on or off the reservation in Montana and Wyoming and five urban centers—Billings, Great Falls, Missoula, Helena, and Butte.

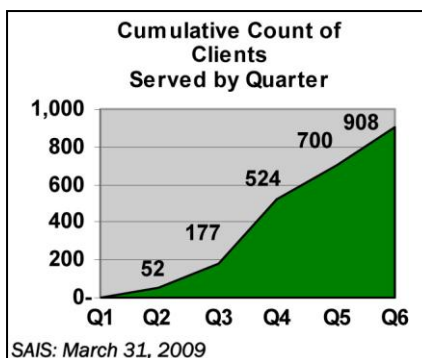


This quarter, the RMT ATR project continued to provide a full array of treatment and recovery support services (RSS). SAIS distribution data showed that case management (40.6%) was the most utilized RSS. It was balanced on the clinical side by a similar percentage of treatment services that were split between clinical treatment (30.8%) and medical services (8.8%). Peer-to-peer services (11.3%), after care (6.6%), and education (1.9%) rounded out the RSS that were delivered.

The program recruited 91% of its client target of 997 enrollees. This figure represents an increase of 208 clients over last quarter's enrollment of 700 clients. In terms of client, the project has demonstrated that the services it delivers are having a positive impact on clients in recovery. When comparing intake data to 6-month follow-up data, the project's clients' abstinence rates increased by 25.0%.

TRIBAL GRANTEES STRENGTHENED THROUGH PARTNERSHIP

On March 5-6, RMT ATR hosted a Technical Advisory Team Meeting in Billings, Montana. The goal of the meeting was to review RMT ATR policy and procedures, voucher management system and to develop strategic plan to move the project toward a local recovery support service network. One of the overarching goals was to address any questions or issues that may hinder providers in submitting reimbursement for voucher services provided to clinic. During the meeting RMT ATR also reviewed ATR grant program reporting (GPRA) requirements and the importance of maintaining a 80% intake and six month follow-up rate. To help facilitate buy-in from the providers a enhancement to their voucher management system was added that allows the SAIS system to merge up-loaded files with GPRA successfully. One of the main outcomes from the meeting was the Tribal and Urban Indian ATR Partners returned home empowered to achieve the 80% six-month follow-up rate. They also were able to gain Tribal Partner support with regard to GPRA, resulting in a 44% increase in GPRA six-month follow-up rate.



TRIBAL GRANTEES STRENGTHENED THROUGH PARTNERSHIP *(continued)*

RMT ATR is in the final stages of recruiting Wind River Health System. The recruitment of Wind River Health System will meet clients service needs that reside in Wyoming.

RMT ATR has had preliminary meetings of treatment providers and drug courts in Yellowstone County to discuss partnering to develop a broader Recovery Oriented System of Care. This meeting have resulting in Yellowstone jointly hosting a Recovery Month Celebration in Billings, Montana and South Central Regional Montana Health Center agreeing to take on RMT ATR Case Management Services for Billing Area clients.

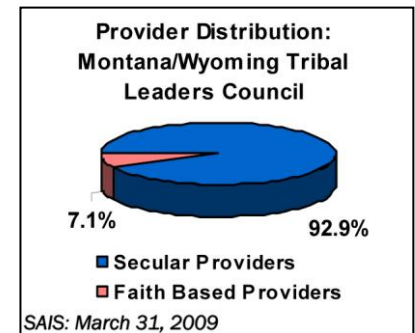
The RMT ATR Partners Strategic Planning was facilitated by the Billings Area Indian Health Service Health Promotion Officer. As a result of the planning meeting, RMT ATR articulated a vision for recovery: "We can achieve recovery in our communities by confronting soul sickness to achieve a healthy environment, within a family context, using existing resources, and regaining our Proud Indian Identity."

Program	Contacts
Project Name:	Rocky Mountain Tribal Access to Recovery Program
Project Director:	Kathleen Masis (406) 252-2550
Government Project Officer:	Love Foster-Horton (240) 276-1653
Executive Director	Gordon Belcourt (406) 252-2550

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 7.1% of the providers who had received and redeemed vouchers were faith-based organizations.

As a result of a recent strategic planning meeting, current ATR Partners decided to increase its provider base for recovery support service providers and these efforts are currently underway.



*White Sky Hope Center's
RMT ATR clients gain
valuable vocational
training, job experience...*

Success Story:

ATR Resources Build Tribal Capacity

RMT ATR network provider, White Sky Hope Center, which is part of the Chippewa-Cree Tribal Chemical Dependency Program located on the Rocky Boy Reservation in northern Montana was first to launch a RMT ATR employment program. The employment program was designed by the Tribal Workforce Initiative Act (WIA) staff. The clients enter the program when they enter sober housing units. The client goes through a skills assessment to ensure the client is assigned an appropriate job that they can performing successfully. The job placement slots range from government offices to Tribal-owned restaurants.

White Sky Hope Center presented on their employment program at the RMT ATR Technical Advisory Team meeting in March and graciously offered to advise other Tribal WIA programs who wanted to assist ATR clients with monitored employment.

White Sky Hope Center's RMT ATR project helps clients gain valuable vocational training, job experience, and helps clients complete their education through the GED process. White Sky Hope helps clients become valued members of the community!

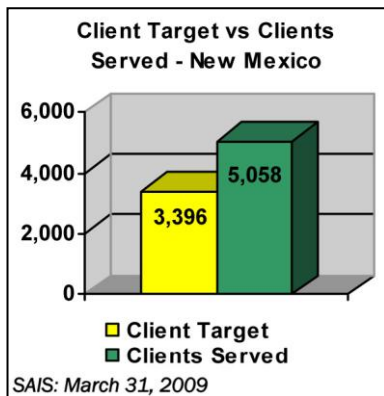
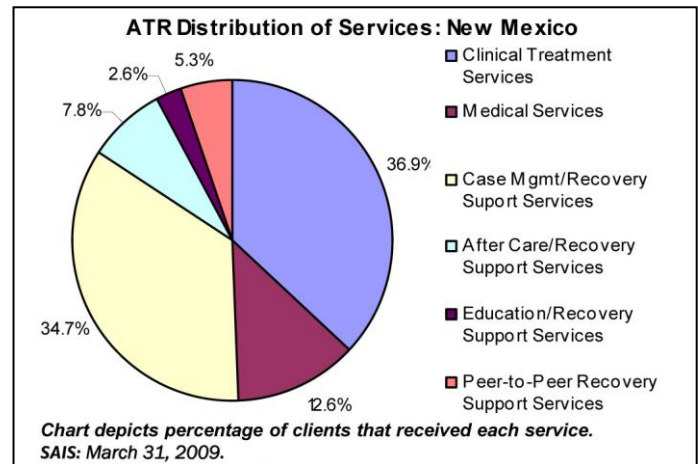
Access to Recovery (ATR) Highlights Quarterly Profiles

NEW MEXICO ATR HIGHLIGHTS

New Mexico Exceeds Client Target by Nearly 50%

Program at a Glance	
3-Year Total Grant Amount:	\$14,248,500
Target Population:	Low income adults with substance abuse problems, native Americans, GLBTQ, and meth users.
Target Areas:	Santa Fe, Bernalillo, Dona Ana, Curry, Otero, and Sandoval counties

The New Mexico ATR program, which serves five counties, targets low-income adults (18 and older) in need of substance use treatment or recovery support services who are leaving the corrections system and re-entering society. Priority populations are women, including those with children, and gay, lesbian, bisexual, transgender, and questioning (GLBTQ) individuals. The program emphasizes accessibility and culturally appropriate services for Native Americans, African Americans, and Hispanics.



This quarter, SAIS data showed that the program maintained its balanced array of treatment and recovery support services (RSS). Clinical treatment (36.9%) and case management (34.7%) services anchored the clinical and non-clinical sides of the program, highlighting the even split between treatment and RSS provided. Medical services (12.6%) completed the treatment offerings, while the remainder of RSS included after care (7.8%), peer-to-peer (5.3%), and education services (2.6%).

The program exceeded its recruitment goal by enrolling 5,058 clients, exceeding its client target of 3,396 by nearly 50%.

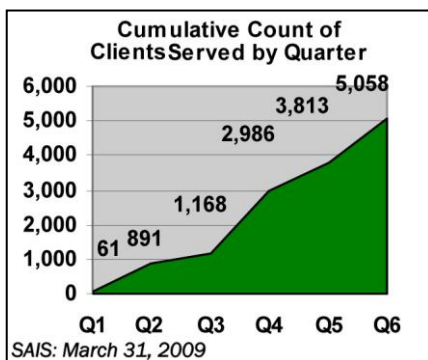
The New Mexico ATR project is having an increasingly positive impact on its clients, as indicated by the abstinence outcome measure, which shows a significant increase of 105.7% in the rate of abstinence from substance use among its clients.

NEW MEXICO CREATES VOUCHERS TO ADDRESS METH USE AND SERVE MEMBERS OF THE NATIONAL GUARD

This quarter, NM-ATR has created two new vouchers in an effort to address the needs of individuals suffering from issues associated with methamphetamine use and to address the substance use issues of members of the National Guard.

Specifically, the project created a distinct Matrix Model voucher designed to address the unique needs of individuals suffering from issues associated with stimulant use. This enhancement created an opportunity to better utilize ATR funding for meth clients while using evidence-based practices to meet their treatment and recovery needs.

Additionally, NM-ATR was able to create a referral pathway and a voucher to serve members of the National Guard. NM-ATR staff were able to provide training and develop protocols for this effort which is being promoted in Yellow Ribbon events hosted by NM National Guard.



NEW MEXICO CREATES VOUCHERS TO ADDRESS METH USE AND SERVE MEMBERS OF THE NATIONAL GUARD *(continued)*

To enhance the focus on National Guard members, the project provided Gender Responsive and National Guard "Pilot" training for its intake sites. Staff met with NG Family Services and have worked with NM National Guard to create an opportunity for returning National Guardsmen and women who are struggling with substance abuse to use NMATR's existing voucher system. This effort is currently being piloted in Curry, Bernalillo/Sandoval and San Miguel counties.

Additionally, all Central Intake sites continue to maintain firm partnerships within all branches of the judicial system including judges, the district attorney's office, the DWI Office, Probation and Parole, the Meth Coalition and tribal officers. These collaborations have been instrumental in identifying trends within the meth population, aiding in recruiting new clients and treating clients appropriately and adequately. Staff also participated in NIATX's Leadership conference in Albuquerque and the Community Grass-roots and faith-based Capacity-building for Sustainability training in Las Cruces.

Also, in an effort to meet its meth client targets, NM-ATR launched an aggressive ad campaign through each Central Intake site. Flyers and brochures, highlighting ATR's vast array of services and treatment options, were made available to area businesses, government and social service agencies, jails, churches, homeless shelters, hospitals and universities.

Program	Contacts
Project Name:	New Mexico Access to Recovery
Project Director:	Marie DiBianco (505) 476-9268
Government Project Officer:	Roula Sweis (240) 276-1574
Single State Authority:	Linda Roebuck (505) 476-9257
Governor	Bill Richardson (505) 476-2200

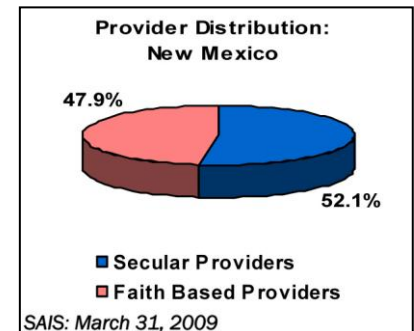
Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 47.9% of the providers who have received and redeemed vouchers are faith-based organizations.

During this quarter, NM-ATR partnered with NIATX to provide training and technical assistance to enrolled and incoming providers including how to access ATR online using access codes and how to conduct service billing on the ATR website.

The NM-ATR project has been particularly successful with both enrolling and engaging providers in its network.

Of the more than 100 providers enrolled in the network, almost all of them are actively serving clients and engaged in the ATR project.



Success Story:

ATR Helps John Obtain Sobriety for the First Time

John had not been an addict all of his life, but his addiction to methamphetamines (meth) made it seem like he had been an addict forever. He had even been in prison for one year due to a meth-related incident. Prior to entering prison he had been a heavy meth user for over 5 years. He had a history of unsuccessful treatment attempts in the past. Shortly after his release from prison, he went to New Mexico ATR's Central Intake for help.

Today he celebrates 7 months of sobriety and is fully committed to continuing his sobriety. He continues to utilize the current faith-based support system through the ATR network to help him maintain his drug free achievements. He attributes his ability to stay sober to the array of services available through ATR.

He attributes his ability to stay sober to the array of services available through ATR.

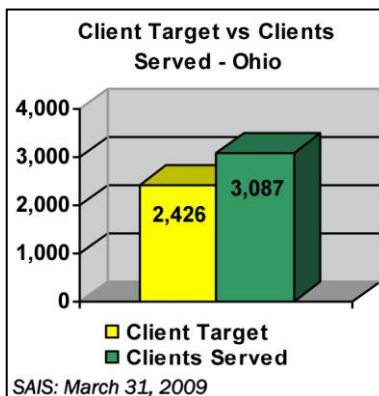
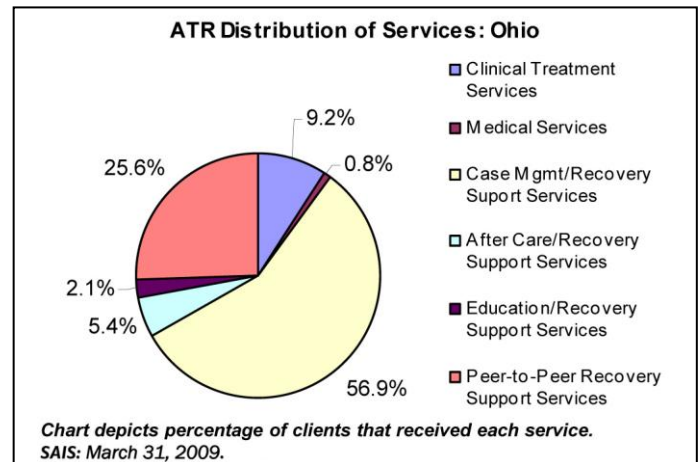
Access to Recovery (ATR) Highlights Quarterly Profiles

OHIO ATR HIGHLIGHTS

Ohio Delivers Majority of RSS, Exceeds Client Target

Program at a Glance	
3-Year Total Grant Amount:	\$13,678,560
Target Population:	Adults involved in the criminal justice system with a substance abuse diagnosis.
Target Areas:	Cleveland, Canton, Akron, and Youngstown.

The Ohio Choice for Recovery program targets adults who are involved with the criminal justice population and have an alcohol or other drug diagnosis that is either current or in remission. The program serves Cuyahoga (Cleveland), Stark (Canton), Summit (Akron), and Mahoning (Youngstown) counties.



This quarter, SAIS

distribution data showed that the Ohio ATR project continued to deliver a majority of recovery support services (RSS). A full array of RSS, including case management (56.9%), peer-to-peer services (25.6%), after care (5.4%), and education support (2.1%), accounted for 90% of total services. Clinical treatment (9.2%) and medical services (0.8%) both exhibited a modest rise over the past quarter.

This quarter, the project launched an ATR awareness campaign utilizing marketing ads and radio public service announcements that fueled another quarter of successful client intake numbers. The Ohio ATR project has served a cumulative total of 3,087 clients, exceeding its target of 2,426 by 661 and sustaining its strong trend per quarter.

The project also has demonstrated that it is having a positive impact on the clients it serves. A comparison of the intake versus discharge data for Ohio's ATR clients shows that a 34.5% increase in the abstinence rate.

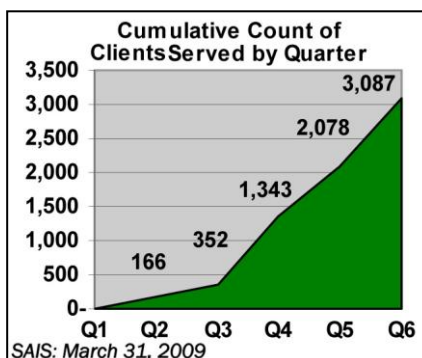
OHIO ATR ADDRESSES GAPS IN THE SERVICE DELIVERY SYSTEM

This quarter, the State of Ohio focused on expanding and enhancing its project by addressing gaps in its service delivery system.

First, in order to better reach Spanish-speaking clients, the Ohio ATR project enrolled a non-profit community organization in Youngstown called Organizacion Civica y Cultural Hispana Americana. Additionally, Ohio has hired a benefit coordinator to assist clients in need of immediate treatment. It also has added central sites to enroll and issue vouchers to new clients in Summit County where the demand was high. These efforts enhance the State's ability to serve more individuals in need.

On other fronts, the State has received new applications from 67 potential providers. The ATR Project is reviewing applications and working to understand each community's needs.

This quarter, Ohio received SAMHSA-sponsored technical assistance in several areas, resulting in improvements in its services. Large groups of providers were trained on motivational



OHIO ATR ADDRESSES GAPS IN THE SERVICE DELIVERY SYSTEM *(continued)*

interviewing techniques in order to engage and retain clients. Another technical assistance this quarter allowed Ohio to increase its GPRA follow-up rate from less than 75% in January to 80.7% in March.

This quarter, the project continued its tradition of collaborating with other agencies. It has collaborated with the Criminal Justice Therapeutic Community Program to identify people who have used methamphetamine before incarceration. The ATR project staff also continue to meet regularly with the Parole and Community Services Division of the Ohio Department of Rehabilitation and Correction.

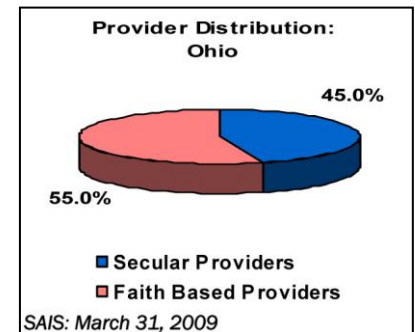
The project intends to reach out to child protection agencies and the few school districts expected to have methamphetamine users as well.

Program	Contacts
Project Name:	Choice for Recovery
Project Director:	Alisia Clark (216) 970-3988
Government Project Officer:	Roula Sweis (240) 276-1574
Single State Authority:	Angela Cornelius Dawson (614) 752-8359
Governor	Ted Strickland (614) 466-3555

Faith- and Community - based Providers Updates

Based on the data ending March 31, 2009, 55% of the providers who have received and redeemed vouchers were faith-based organizations.

This quarter, ODADAS maintained a schedule of local library ATR introductory sessions aimed at provider recruitment; this effort yielded 67 new provider applications, 30 of which are faith-based organizations. They also continued with their "Navigating ATR" training days. These training sessions are set in each county where providers have the opportunity to receive individual training with ATR staff. This, coupled with collaboration with the Ohio Department of Faith-based Initiatives, has been instrumental in increasing exposure of ATR to the faith-based community.



Success Story:

ATR Helps Provider Realize Vision of Hope

When Alisa Smedley started Harvest Consulting, she was an army of one. A consultant for recovery/reentry organizations, she started Harvest Consulting after what she calls "watching program after program hinder client outcomes due to poor program design." Armed with only a passion to see clients succeed, she decided to design a program in the areas of financial recovery, life skills, and personal development that would help Ohio residents on their road to recovery.

As the executive director of a small organization, Alisa was intimidated by competing with larger, more sophisticated organizations for funding; but she forged ahead. What she found was a user-friendly ATR application process that came with thoughtful guidance from ATR staff. As an ATR provider since the spring of 2008, Alisa has been able to deliver much needed and under-funded RSS to the Ohio community.

She adds that learning the ATR voucher management system (VMS) has led to the enhancement and improvement of the infrastructure within Harvest Consulting to promote efficiency and accountability. Alisa has said, "Thank you for allowing small organizations to participate in this program!"

"Thank you for allowing small organizations to participate in this program"

Access to Recovery (ATR) Highlights Quarterly Profiles

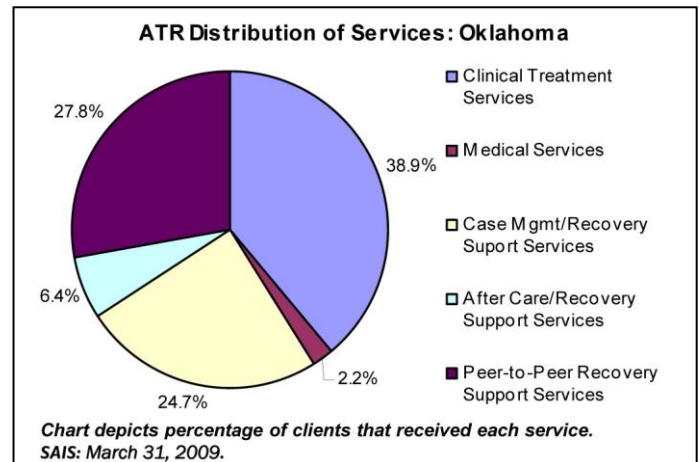
OKLAHOMA ATR HIGHLIGHTS

Oklahoma ATR Exceeds Client Target, Delivers Balanced Array of Services

Program at a Glance	
3-Year Total Grant Amount:	\$11,699,729
Target Population:	Adults involved in the criminal justice system or Child Protective Services.
Target Areas:	Oklahoma, Canadian, Cleveland, Tulsa, Logan, Lincoln, Pottawatomie, Wagoner, Garfield, Comanche, Osage, Creek, McClain and Rogers counties.

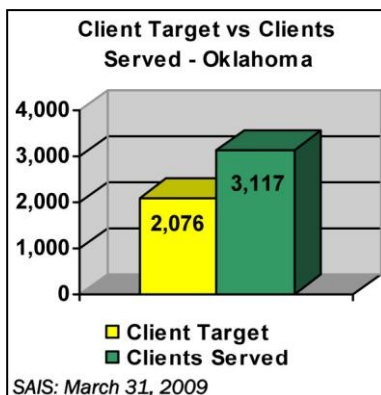
The Oklahoma ATR project, which serves 14 counties across the State, targets adults with a substance abuse diagnosis who are involved or are at risk of becoming involved with the criminal justice system or who are currently involved with child protective services.

This quarter, the Oklahoma ATR project provided a fairly balanced array of services, with a slight emphasis on recovery support services (RSS). Case management (24.7%) and peer-to-peer services (27.8%) were equally accessed by clients, while after care services posted a modest gain, increasing to 6.4%. Clinical treatment (38.9%) was the most utilized of all services. Medical services (2.2%) exhibited growth after being introduced last quarter.



The Oklahoma ATR project continued to build on last quarter's recruiting success by exhibiting even better numbers this quarter. The program enrolled 3,117 clients, exceeding its prorated target of 2,076 by more than 1,000, a 50% increase over its goal.

The Oklahoma project is also demonstrating positive numbers in terms of outcomes as they relate to abstinence. When comparing intake and follow-up data, the rate of abstinence from substance use increased by 22.1% among clients.

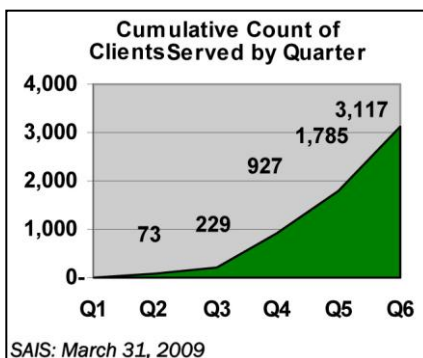


OKLAHOMA FOCUSES ON OUTREACH, IMPROVING GPRA FOLLOW-UP RATES

The Oklahoma ATR project has been aggressive in reaching out to other agencies and organizations to recruit new clients and providers. It seeks clients from the criminal justice system, child protective services, and the general population who are at risk of drug involvement.

This quarter, it has sent weekly emails to all ATR providers and weekly marketing brochures to meetings of Alcoholics Anonymous and Narcotics Anonymous. It also has developed new marketing and promotional materials.

Oklahoma has conducted several meetings or presentations every month to recruit new providers. These included meetings with Senator Constance Johnson, with the Office of Faith-Based Initiatives, and with the National Guard. Oklahoma ATR also mounted exhibits or gave presentations at the combined meeting of the Oklahoma Department of Mental Health and Substance Abuse Services; the National Association for Black Veterans; the Veterans



OKLAHOMA FOCUSES ON OUTREACH, IMPROVING GPRA FOLLOW-UP RATES (continued)

Administration; the Community Programs meeting of the Department of Corrections; and Langston University's Annual Economic Development Conference.

Continuing its commitment to partnerships, Oklahoma worked formally with the Department of Corrections and Department of Human Services and informally with nine other organizations, including the Oklahoma Office of Faith-Based and Community Initiatives, the Cherokee Nation, and the Oklahoma Department of Rehabilitation.

Oklahoma ATR has also held at least 12 training sessions this quarter with assessors and providers on meeting GPRA targets. The training sessions included steps for understanding the importance of follow up interviews and how to conduct follow-ups.

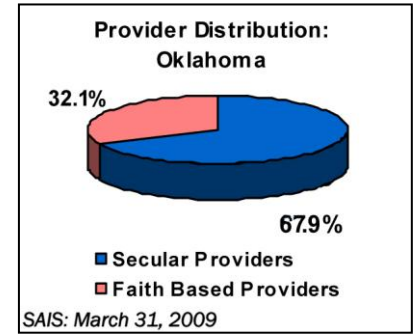
Program	Contacts
Project Name:	Oklahoma Access to Recovery
Project Director:	Natasha Briggs (405) 522-5792
Government Project Officer:	Dawn Levinson (240) 276-2015
Single State Authority:	Terri White (405) 522-3877
Governor	Brad Henry (405) 521-2342

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 32.1% of the providers that have received and redeemed vouchers were faith-based organizations demonstrating the projects success with significantly involving faith based organizations.

OATR continues to broadcast the benefits of the ATR program to faith-based and community organizations in the community in an effort to forge new provider partnerships.

During the quarter, OATR-related correspondence was forwarded monthly to potential faith-based and community organizations in 14 service counties.



“Today Rita celebrates 8 months of sobriety and is committed to helping other addicted people...”

Success Story:

ATR Gives Rita A New Lease on Life

Rita was a 13-time run-away who started using meth and alcohol at 14 years old; she finally became an emancipated minor at 16. She continued using drugs and drinking alcohol throughout her adult life.

Eventually she was arrested twice and lost custody of two of her children. Soon after, she became homeless. After what seemed like a turning point in her life, Rita found employment and regained custody of her children. But the pressures of now raising teenagers with little support proved too much and she eventually relapsed.

Believing she would die if she didn't seek treatment, she self-referred to 9 days of detoxification. She says, “I still had the real world to face with no job, transportation or money. I started the road to recovery by doing what I was told – and praying.” That's when she was introduced to the ATR program where she received hope in the form of IOP counseling and education, family counseling, housing assistance, an emergency food card and a bus pass.

Today Rita celebrates 8 months of sobriety and is committed to helping other addicted people find the new lease on life she found through ATR.

Access to Recovery (ATR) Highlights Quarterly Profiles

RHODE ISLAND ATR HIGHLIGHTS

RI-ATR Increases Number of Clients Served, Improves Screening Procedure

Program at a Glance

3-Year Total Grant Amount:	\$8,112,500
Target Population:	Adults released from the Department of Corrections, referred by the Department of Children, Youth and Families, and adolescents released from Rhode Island Training School for Youth.
Target Areas:	Statewide

The statewide Rhode Island ATR project serves an extensive range of individuals who have substance use issues. The target population includes eligible homeless persons, clients of the Public Defender's Office, those under State and Federal probation, and eligible individuals from an additional unit within the Department of Corrections.

ATR Distribution of Services: Rhode Island

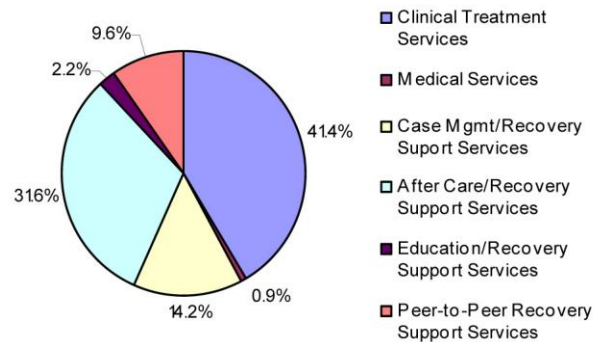
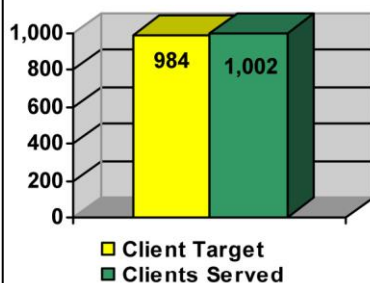


Chart depicts percentage of clients that received each service.
SAIS: March 31, 2009.

This quarter, the Rhode Island ATR project continued to expand its recovery support services (RSS), which, according to SAIS distribution data, now account for nearly 60% of all services provided. After care (31.6%) was the most utilized RSS, followed by case management (14.2%), peer-to-peer support (9.6%), and education services (2.2%). Clinical treatment (41.4%) represented the bulk of services delivered, with medical services (0.9%) adding slightly to the treatment component.

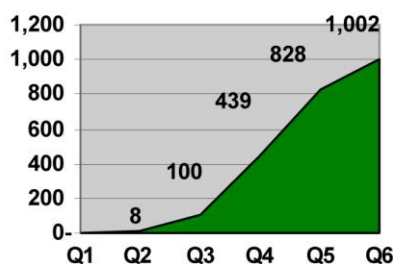
The program served 1,002 clients this quarter, exceeding its target of 984. Enhancements to the program's screening procedure that have allowed clients to be screened in a more timely manner have resulted in increased client numbers. Another area that the project has been successful is with the abstinence rate of change. A comparison of client intake data to discharge data shows that the Rhode Island project's clients increased their rate of abstinence from substance use by 33.3%.

Client Target vs Clients Served - Rhode Island



SAIS: March 31, 2009

Cumulative Count of Clients Served by Quarter



SAIS: March 31, 2009

RHODE ISLAND FOCUSES ON IMPROVING FOLLOW-UP RATES, INCREASES CLIENT OUTREACH

Determined to improve its low rates of GPRA follow up interviews, Rhode Island has taken several steps to ensure better system management and tracking of clients. A training session was initiated to emphasize the importance of GPRA interviews, and Rhode Island has contracted to offer monthly training on GPRA and other issues for its providers.

In addition, the State has developed a protocol for GPRA follow up interviews, sent it to all providers, and called each provider to review the requirements. The State also has designated one staff person to take the responsibility of overseeing the completion of GPRA interviews, and this centralized approach will greatly improve oversight of GPRA completion.

Rhode Island also developed distinct informational brochures about follow-up for clients and for providers. Clients receive the brochure at initial screenings, and Rhode Island has begun to schedule follow-up appointments at the initial GPRA.

RHODE ISLAND FOCUSES ON IMPROVING FOLLOW-UP RATES, INCREASES CLIENT OUTREACH *(continued)*

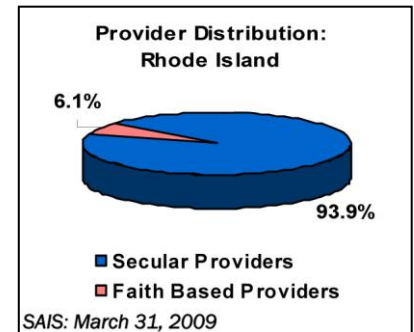
On other fronts, the grantee has taken innovative steps to recruit new clients. Its outreach contractor is in the process of developing Facebook and MySpace pages as a novel way for clients and providers to share information and successes. The websites may also help track clients for GPRA requirements. Additionally, an article about ATR will be published in the RI Family Life Center's newsletter and distributed to inmates in State custody. Family Life Center is a local nonprofit organization that assists newly released offenders and their families with reentry into the community.

Program	Contacts
Project Name:	Accessing Recovery in Rhode Island
Project Director:	Judith Fox (401) 462-1049
Government Project Officer:	Roula Sweis (240) 276-1574
Single State Authority:	Craig Stenning (401) 462-2339
Governor	Donald Carcieri (401) 222-2080

Faith- and Community - based Updates

Based on the data ending March 31, 2009, 6.1% of the providers who have received and redeemed vouchers were faith-based organizations. Rhode Island is focused on increasing faith based participation and has undergone several activities this quarter, including receiving technical assistance from SAMHSA on provider outreach. Additionally, the State has begun to organize community events for smaller and new faith-based organizations to network and learn about the project. Such events are being conducted in an effort to shepherd new providers into the ATR network.

RI ATR Staff conducted several trainings targeted to newly enrolled treatment and RSS providers. The staff also revised their VMS trainings to include in-person meetings with network providers.



Success Story:

ATR Helps Robert Address Co-occurring Issues

“This grant saved me.”

Robert grew up in a middle class supportive family. He was a promising college graduate and an athlete. After college, his social drinking quickly progressed into binge drinking and cocaine use. He began using cocaine each morning to recuperate after a night of heavy drinking.

Following a suicide attempt and two unsuccessful attempts at treatment, he lost his apartment, began living on the street and became a full blown addict. A second suicide attempt led him back to the hospital and then to an 18 month program. He did well for the next 3 years but relapsed again when his father died. Robert then found out about the ATR program. He is now at Kent House, an ATR provider, and will be transitioning to a sober house.

The ATR voucher allowed him to stay in residential treatment and leave the streets. Staying in residential treatment has also allowed him to address his underlying mental health issues that caused his addiction, get medical help for his physical problems and become grounded.

Today, he embraces each new day in sobriety and hope. He is also taking classes towards working in the substance abuse field. Of ATR he says, “This grant saved me.”

Access to Recovery (ATR) Highlights Quarterly Profiles

TENNESSEE ATR HIGHLIGHTS

Abstinences Rate Increases by More Than 75%

Program at a Glance

3-Year Total Grant Amount: \$14,248,500

Target Population: Tennessee residents 18 and older with a median family income or lower who have a history of alcohol and drug abuse and individuals coming out of the criminal justice system.

Target Areas: Statewide

The Tennessee ATR project is a statewide initiative that targets low-income adult State residents (18 and older) with a current or past history of alcohol or drug abuse. The program places special emphasis on persons exiting the criminal justice system.

SAIS data showed a very even distribution between treatment and recovery support services (RSS) in the

Tennessee ATR. Treatment options were nearly evenly split, with clinical treatment (26.9%) only slightly more utilized than medical services (21.4%). There was a similarly balanced pattern in recovery support services between case management (26.5%) and after care (21.0%). The program also provided a small percentage of education services (4.1%).

For the fourth straight quarter, the Tennessee ATR's effective recruiting practices resulted in the program's exceeding its target goal by a substantial margin. The program enrolled 5,017 clients, nearly doubling its target of 2,584, continuing a pattern of steady growth across quarters.

The rate of change of abstinence at follow-up provides another positive measure of the program's success. A comparison of intake data to discharge data shows that the Tennessee ATR project's clients increased their rate of abstinence from substance use by 75.3%.

ATR Distribution of Services: Tennessee

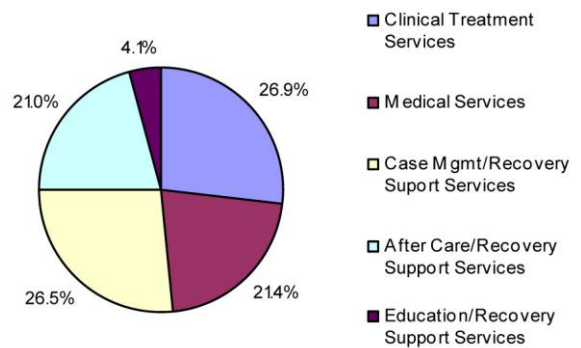
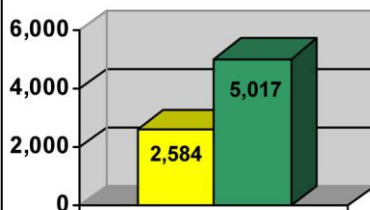


Chart depicts percentage of clients that received each service.
SAIS: March 31, 2009.

Client Target vs Clients Served - Tennessee



SAIS: March 31, 2009

Cumulative Count of Clients Served by Quarter



SAIS: March 31, 2009

TENNESSEE FOCUSES ON CLIENT ENGAGEMENT & RETENTION

During the quarter, TN ATR II added two new services, recovery check-ups and recovery achievement reviews, both to be delivered by case managers. These enhancements were needed to address the State's low GPRA follow-up rates. Recovery achievement reviews are conducted within the first 6 months of treatment in conjunction with the 6-month follow-up interview. This service gives the client a measure of his/her personal out-comes. Recovery check-ups, which can occur throughout the length of treatment, aids the client with reintegration into daily life while they are not actively engaged in treatment or recovery support services.

Also in an effort to meet their GPRA target, TN-ATR II added a Compliance Reporting module to their voucher management system, WITS. This report allows providers to view their outstanding GPRAs as well as their daily compliance percentages. Since this enhancement has been implemented, TN-ATR II's GPRA rate has more than doubled since the beginning of the quarter.

TENNESSEE FOCUSES ON CLIENT ENGAGEMENT & RETENTION *(continued)*

Additionally, in an effort to address the needs of members of the National Guard, TN-ATR II met with the State's Veterans Task Force, developed within the Division of Alcohol and Drug Abuse Services (DADAS). ATR staff provided information about ATR's available services for returning veterans and their families who are dealing with substance abuse and addictions. The Task Force also received a catalog of participating clinical treatment and recovery support service providers. The State also has an onsite National Guardsman within DADAS who works with ATR staff to broaden understanding about returning soldiers and their families' needs as well as military culture.

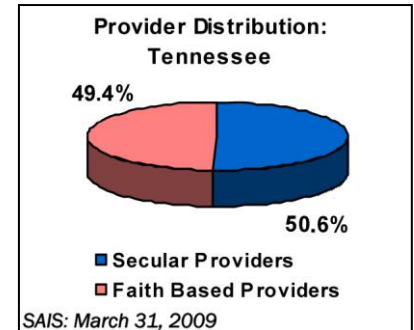
Program	Contacts
Project Name:	Tennessee Access to Recovery II
Project Director:	April Stewart (615) 532-9757
Government Project Officer:	Linda Fulton (240) 276-1573
Single State Authority:	Virginia Trotter Betts (615) 741-1921
Governor	Phil Bredeson (615) 741-2001

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 49.4% of the providers who have received and redeemed vouchers are faith-based organizations.

Earlier marketing strategies continue to yield a harvest of provider applications and provider interest from both the secular and faith-based communities. A total of 7 local providers have sought out ATR staff for more information on the program.

TN ATR II also has a criminal justice liaison that travels to drug courts statewide to help build partnerships between the drug courts and treatment and RSS providers. To date, a total of 11 drug courts are now linked with TN ATR II network treatment and faith-based RSS providers.



As a result of her engagement in ATR, Stacy has found gainful employment, secured stable housing, and regained visitation privileges with her son.

Success Story:

Through ATR, Stacy is Engaged in Treatment and Motherhood

Stacy used to have a strong addiction to drugs, but she was able to get clean and sober for two years. She was also in the process of regaining custody of her four-year son. Then her mother died. Unable to handle the grief, she relapsed. She was in active addiction for three months and ultimately arrested for violation of probation. She eventually lost her job and heading towards eviction from her apartment. As a result of the relapse, the juvenile judge suspended her visitations with her son.

Through her encounters with the criminal justice system, Stacy was referred to Renewal House, an ATR network provider, and was declared eligible for ATR treatment and services. Initially resistant to the process, Stacy participated in order to reinstate visitation with her son. She participated in the recovery skills component along with individual counseling. As a result of her engagement in Access to Recovery, Stacy has found gainful employment, secured stable housing, and regained visitation privileges with her son. Today, Stacy is able to celebrate seven months of sobriety because recovery is not a one step process, but a lifelong journey.

Access to Recovery (ATR) Highlights Quarterly Profiles

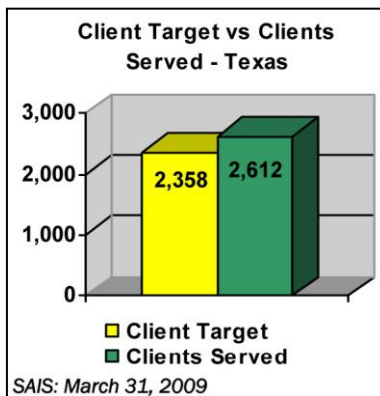
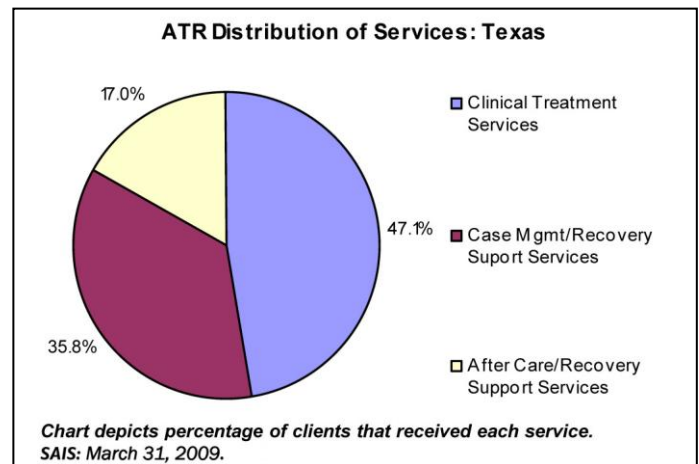
TEXAS ATR HIGHLIGHTS

Texas Exceeds Client Target, Abstinence from Substance Use Increases by 80%

Program at a Glance	
3-Year Total Grant Amount:	\$13,298,600
Target Population:	Drug Court participants and meth users.
Target Areas:	Bexar, Burnet, Brooks, Collin, Dallas, El Paso, Fort Bend, Grayson, Harris, Harrison, Jim Wells, Lubbock, McLennan, Potter, Randall, Tarrant, Taylor, and Travis counties.

The Texas ATR project provides services to individuals participating in drug courts and to persons who have used methamphetamine within the last 90 days. The program has a wide geographic reach, operating in 18 counties throughout the State.

SAIS data this quarter show that the Texas program has continued to move toward a more balanced service distribution pattern between treatment and recovery support services (RSS). Clinical treatment (47.1%) now accounts for less than half of all services offered, a decline from the previous quarter. Case management (35.8%) was the predominant RSS with about half as many clients choosing to access after care (17.0%).



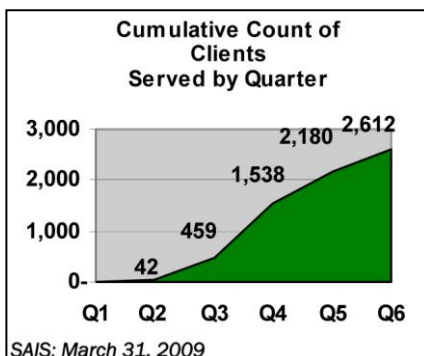
The project exceeded its target for a third straight quarter, with a cumulative total of 2,612 clients. This figure represents an excess of nearly 11% over its goal of 2,358. The staff's aggressive recruiting efforts and increased provider network have helped maintain the recruitment momentum over the quarters.

Follow-up with participants after intake to determine abstinence rates shows that the Texas ATR project is continuing to have a positive impact on its clients. The rate of abstinence from substance use at discharge increased by 80.0% when compared with data obtained at intake.

TEXAS FOCUSES ON GPRA REQUIREMENTS, CONDUCTS MONITORING ACTIVITIES

This quarter Texas has expanded to serve more clients with its ATR project. It reached out to methamphetamine users and added new clients referred by drug courts.

Texas ATR has exceeded its federal targets for recruiting new clients, but it continues a strong effort to serve more people. Each assessment provider receives a targeted number of clients to recruit in its memorandum of agreement with Texas ATR. Funding to providers depends proportionally on each provider's target number of clients from two populations: clients from approved drug courts and clients who have used methamphetamines in the previous 90 days. TX ATR administrators monitor provider progress with enrolling new clients through monthly telephone calls.



TEXAS FOCUSES ON GPRA REQUIREMENTS, CONDUCTS MONITORING ACTIVITIES *(continued)*

The grantee enrolls new clients through 43 drug courts in 18 selected counties, which screen and refer eligible clients to ATR. Texas ATR's Community Liaison staff actively recruit clients in the general population of each county by distributing brochures and flyers to community organizations, faith-based organizations, and other offices that provide public services. The Community Liaison staff also conduct training programs to teach local offices about becoming ATR service providers.

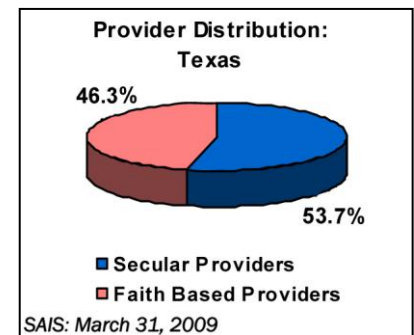
Texas also has continued to work to improve its GPRA follow-up rates. At the end of the quarter, 38% of clients had performed their follow-up interview within the 6-month window. To further improve the rates, Texas ATR has instituted an incentive program geared toward both clients and providers.

Program	Contacts
Project Name:	Access to Recovery II
Project Director:	Karen Eells (512) 206-5947
Government Project Officer:	Roula Sweis (240) 276-1574
Single State Authority:	Michael Maples (512) 206-5968
Governor	J. Richard Perry (512) 463-2000

Faith- and Community - based Updates

Based on the data ending March 31, 2009, 46.3% of the providers that had received and redeemed vouchers were faith-based organizations indicating the significant involvement of faith based organizations.

The ATR II Community Liaison (ACLs) continued provider recruitment efforts by identifying local resources that offer services to meet ATR II client needs. The ACLs also scheduled and conducted local trainings explaining the ATR II program, as well as how to apply to become a network provider. ATR II staff also provided technical assistance to organizations whose applications did not meet the requirements to participate as a network service provider.



Alex stated that all the things he learned while a part of ATR have given him the will and the way to live free from addiction.

Success Story:

ATR Helps Drug Court Client Break Free from Addiction

Alex, a 33-year-old male from Alice, Texas, came to the ATR program through a Drug Court referral. He told the counselor that he was an alcoholic, and was later assessed for needing residential treatment for alcohol.

Before going to treatment Alex admitted he did not know how to ask for help and felt he had finally hit "rock-bottom."

While at the treatment provider, Alex says he learned about his disease and discovered he was not alone. He stated that he learned how to stay clean and sober by attending AA, working the 12 Steps, attending counseling, and reading the literature provided to him. Alex stated that all the things he learned while a part of ATR have given him the will and the way to live free from addiction.

Today Alex is sober and grateful for the ATR II Program and the people who work for the program.

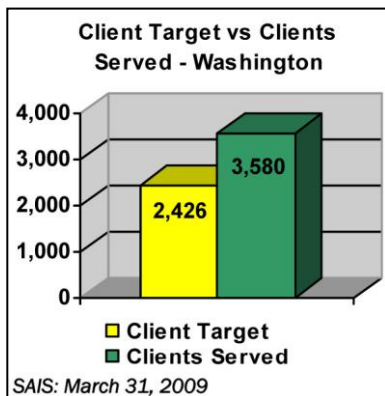
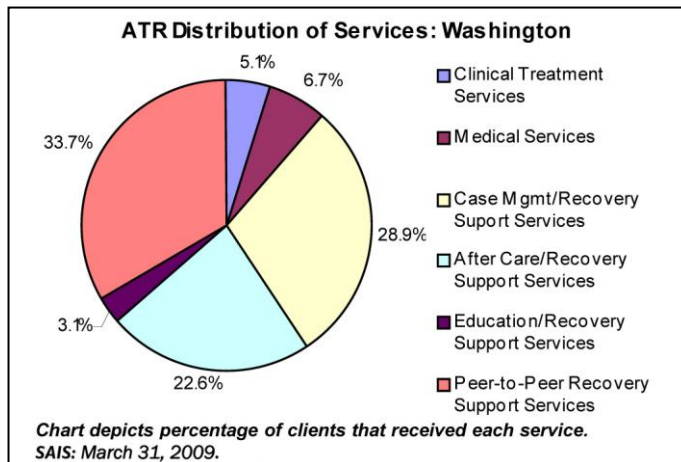
Access to Recovery (ATR) Highlights Quarterly Profiles

WASHINGTON ATR HIGHLIGHTS

Washington Delivers Majority of Recovery Support Services

Program at a Glance	
3-Year Total Grant Amount:	\$13,678,560
Target Population:	Methamphetamine users, veterans and National Guardsmen returning from war, individuals involved in the criminal justice system.
Target Areas:	Clark, King, Pierce, Snohomish, Spokane, and Yakima counties.

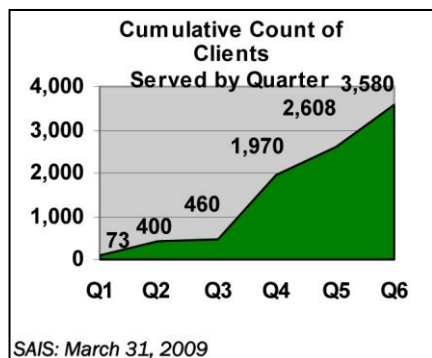
The Washington ATR (WA-ATR) project targets a highly diverse population that includes individuals in active outpatient care, past users of methamphetamine, veterans and National Guardsmen returning from war, and persons involved with the criminal justice system who face issues with alcohol or drug use. The program serves six counties: Clark, King, Pierce, Snohomish, Spokane, and Yakima.



This quarter, the WA-ATR project continued to provide a full array of services with the vast majority oriented toward recovery support. Clinical services, although evenly divided between substance use clinical treatment (5.1%) and medical services (6.7%), represented less than 12% of total services. The three most frequently accessed recovery support services were peer-to-peer support (33.7%), followed closely by case management (28.9%) and after care (22.6%). Education support services (3.1%) were also provided.

The project had another successful quarter, exceeding its target of 2,426 by more than 1,000 clients, bringing the total client number to 3,580. This continued the steady cumulative quarterly growth that has been seen since the third quarter.

Another area that the program has been successful is with the abstinence rate of change. A comparison of client intake and follow-up data show that the rate of change for abstinence from substance use increased by 2.5%.



WASHINGTON ATR EXCELS WITH PROGRAM TARGETS, EMPHASIZES NEEDS OF METH-USERS AND NATIONAL GUARD

Washington State's ATR project continues to produce excellent results. Its GPRA follow-up interview rate exceeds the target rate of 80%. Project administrators have set a goal even higher than SAMHSA's 80% rate by aiming to approach 90% by the end of the second year of the grant.

The State has also exceeded target client numbers in all subcategories of its target populations. It works with veterans and National Guardsmen, clients active in outpatient care, past users of methamphetamine, and people involved with the criminal justice system who struggle with alcohol or drug use. Clients surveyed in five counties were overwhelmingly positive about services received, agreeing or strongly agreeing that they felt empowered by the ATR program, received services and information quickly and easily, and got clear explanations from the staff.

WASHINGTON ATR EXCELS WITH PROGRAM TARGETS, EMPHASIZES NEEDS OF METH-USERS AND NATIONAL GUARD *(continued)*

The grantee continues to expand its client outreach, with efforts to engage veterans and methamphetamine clients. The Washington ATR project plans to spend a significant amount of resources on these two populations.

With veterans, the ATR project is holding introduction meetings, sharing referral protocols, defining common interests, and aligning referral and reporting protocols.

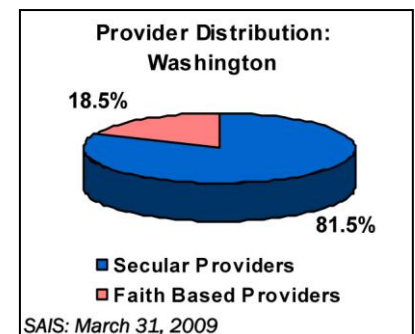
On the methamphetamine front, the grantee has developed plans to identify meth clients at assessment so that it can initiate services earlier than it currently does. To date, it has provided services mainly to stabilized outpatient clients.

Program	Contacts
Project Name:	Access to Recovery Program
Project Director:	Vincent Collins (360) 725-3713
Government Project Officer:	Dawn Levinson (240) 276-2015
Single State Authority:	David Dickinson (360) 725-3700
Governor	Christine Gregoire (360) 902-4111

Faith- and Community - based Provider Updates

Based on the data ending March 31, 2009, 18.5% of the providers that had received and redeemed vouchers were faith-based organizations demonstrating significant involvement of faith based organizations.

By the end of the quarter, WAATR II had over 1600 enrolled providers in their ATR provider network. There are currently 54 active faith-based providers and 235 secular treatment providers.



“During the time I was in Drug Court I was blessed by the assistance I received and so desperately needed from ATR.”

Success Story:

Former ATR Client Becomes Federal Employee

A recently submitted letter from a Drug Court graduate discussed the positive changes in life he experienced and how he was aided by the ATR program while participating in Drug Court. Below is an excerpt of his story.

“To Whom It May Concern: I have had multiple felony drug convictions, been to prison and was on my way back again. After my last arrest I entered into the Drug Court programs, which helped change my life. During the time I was in Drug Court I was blessed by the assistance I received and so desperately needed from ATR. I had a terrible case of “meth mouth” and used the ATR program to have a full mouth extraction and I received full dentures. With the life management skills and accountability I acquired in Drug Court, along with my new appearance – THANKS TO ACCESS TO RECOVERY- people no longer see the old me. Today I am a federal government employee with vast responsibilities who is greatly entrusted by the agency I work for. Today I am a hard working, taxpaying, productive member of society.”

Access to Recovery (ATR) Highlights Quarterly Profiles

WISCONSIN ATR HIGHLIGHTS

Wisconsin Expands Target Population

Program at a Glance

3-Year Total Grant Amount:	\$14,248,500
Target Population:	Milwaukee County residents, pregnant women, families with children and the criminal justice population.
Target Areas:	Milwaukee County

The Milwaukee Wiser Choice (Wisconsin ATR) program serves Milwaukee County residents, with special priority given to pregnant women, families with children, and persons involved with the criminal justice system who are awaiting trial, in alternative treatment diversion, or on probation or parole. The project has extended its reach to working with the

ATR Distribution of Services: Wisconsin

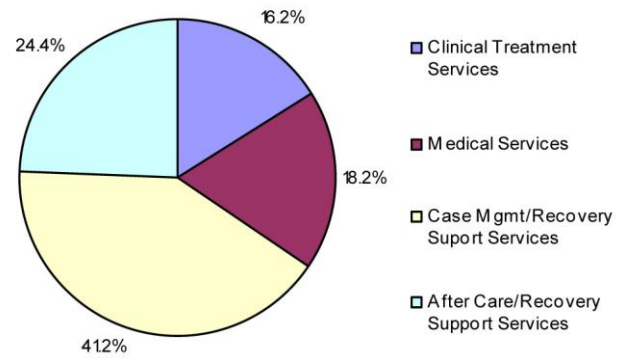


Chart depicts percentage of clients that received each service. SAIS: March 31, 2009.

PRI-Gang-Project Safe Neighborhood initiative and high-risk, maximum discharge reentry offenders. The Drug Treatment Court was established January 2009 in Milwaukee County, so this is an additional population served by Wiser Choice.

This quarter, SAIS distribution data for Wiser Choice showed a continued emphasis on recovery support services, which comprise more than 65% of services provided. Case management (41.2%) maintained the lead in client interactions followed by after care services (24.4%). The treatment services remained evenly divided between medical services (18.2%) and clinical treatment (16.2%).

This quarter, the project exceeded its target number of clients by serving 3,218 clients, 238 participants over its target of 2,980.

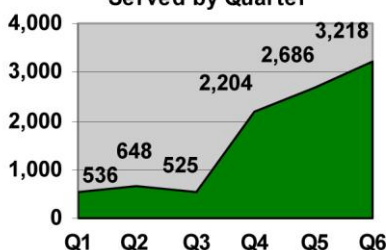
The rate of abstinence from substance use, as measured by comparing intake data to discharge data, is a further indication of the program's success. The clients of Wiser Choice saw their rate of abstinence increase by 92.0%.

Client Target vs Clients Served - Wisconsin



SAIS: March 31, 2009

Cumulative Count of Clients Served by Quarter



SAIS: March 31, 2009

WISCONSIN STRENGTHENS PARTNERSHIPS AND PROVIDER BASE

During the quarter, WI ATR conducted training to its network recovery support services (RSS) providers. The training, designed to help increase provider knowledge and expertise in working with substance abusing clients was conducted in preparation for implementation of a CSAT/ASAM-developed RSS assessment tool. With this training, RSS providers are now better positioned to identify and meet the RSS needs of Wiser Choice clients.

WI ATR also implemented a new strategy to meet its GPRA target. It has begun utilizing its Central Intake Units to collect the 6-month follow-up GPRA interview. This approach, operational now at two local agency sites, is anticipated to decrease the number of missing GPRA follow-up interviews and increase WI ATR's ability to meet its overall target numbers. Wiser Choice has also developed a referral process to pilot referrals from one of three Wisconsin Works providers in Milwaukee, which is a program with the Department of Children and Families. During the previous quarter, the project began working more closely with MAXIMUS, one of the 3 local Wisconsin Works providers, because they thought there may be a

WISCONSIN STRENGTHENS PARTNERSHIPS AND PROVIDER BASE *(continued)*

service gap in the TANF eligible population. This new process now grants TANF eligible clients priority access at Central Intake Units. This collaborative effort also identifies job seekers who have substance abuse problems and financial employment planners are able to refer them for treatment.

Additionally this quarter, WI ATR participated in a conference to discuss the behavioral health needs of returning veterans from the Army and Air National Guard. They anticipate that fostering statewide partnerships will provide greater access for soldiers to the treatment they need.

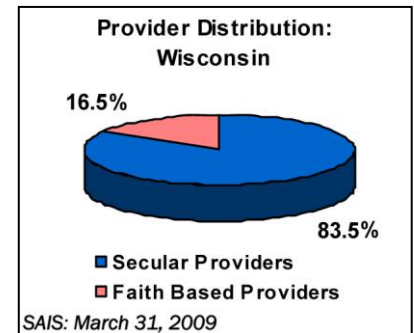
Program	Contacts
Project Name:	Milwaukee Wiser Choice
Project Director:	Janet Fleege (414) 257-6925
Government Project Officer:	Dawn Levinson (240) 276-2015
Single State Authority:	John Easterday (608) 267-9391
Governor	Jim Doyle (608) 266-1212

Faith- and Community - based Updates

Based on the data ending March 31, 2009, 16.5% of the providers that have received and redeemed vouchers were faith-based organizations and 83.5% were secular.

This quarter, WI ATR Wiser Choice provided training for all its providers and partners on how to work with individuals who use methamphetamine. The first part of the training focused on answering questions such as "What is it and Why do people use it?" The second part focused on clinical interventions for providers, targeted specifically to Wiser Choice clinical treatment providers.

The State will also receive SAMHSA sponsored training for its providers on the Matrix Model which is an evidence based practice.



Three days later [the woman] was arrested and given the choice of going through with the plan of recovery or going to jail. She chose recovery

Success Story:

Wiser Choice Client Chooses ATR Over Jail

A City of Brookfield detective was about to run a sting operation on a 22-year-old female for heroin charges but did not want to see her go to jail. So the detective decided to call an ATR Central Intake Unit (CIU) for help.

After learning of the situation, the CIU called the Genesis Detox Center and made arrangements to have the client taken straight to the Detox center after being arrested.

The CIU made many calls to arrange for different levels of care, from out patient to residential. After three days the woman was given the choice of going through with the plan of recovery or going to jail. She chose recovery and was escorted to Genesis and placed on police hold. When her residential treatment episode ended, she was able to continue in outpatient treatment.

At last contact, the client was still clean, and the charges against her were dropped.